

JUVENILE DETENTION ALTERNATIVES INITIATIVE

JDAI Juvenile Detention Facility Standards

2014 Update

Note about this instrument: This instrument is designed to facilitate a site assessment of a juvenile detention facility and does not cover every aspect of proper juvenile facility functioning. Any omission of an area of facility functioning does not reflect a judgment about the importance of that area. The standards in this instrument pertain to areas most likely to impact the health, safety, and legal rights of youth held in detention. This instrument does not cover topics that would be appropriate in a post-dispositional setting, such as identification of treatment needs and provision of rehabilitative services. Some of the standards included here are not strictly required by case law or statutes, but represent best professional practices to protect the health, safety, and legal rights of detained youth.

Facility Name: Louisville Metro Youth Detention Services

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Team Members: Mark Soler, Executive Director, Center for Children's Law and Policy
Jason Szanyi, Deputy Director, Center for Children's Law and Policy
Jennifer Lutz, Staff Attorney, Center for Children's Law and Policy
Andrea Weisman, Ph.D., Consultant and Mental Health Expert
Michael D. Cohen, M.D., Consultant and Medical Expert
Peter Leone, Ph.D., Professor, Department of Counseling, Higher Education, and Special Education at the University of Maryland, and Education Expert

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Glossary

Auxiliary aids or services (for youth with disabilities): Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

Bisexual: A person who is emotionally, romantically, and/or sexually attracted to both males and females.

Chemical agent: Any chemical spray, gas, or powder used to temporarily incapacitate a person, including oleoresin capsicum (pepper spray), tear gas, and 2-chlorobenzalmalonitrile gas.

Chemical or medical restraint: A form of medical restraint in which a drug is used to sedate or restrict the freedom of movement of a youth. The medication used is not a part of the youth's normal medical treatment.

Close observation: A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff do not place youth on close observation in room confinement, but instead provide them with a heightened level of supervision. When a youth on close observation is in his or her room, staff observe the youth in a suicide-resistant room in person and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

Clothing search: Feeling inside pockets and cuffs without removal of clothing from the body.

Conditional release: Permission for a youth to depart from secure detention upon the youth's promise to comply with certain rules.

Confidential information: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

Constant observation: A supervision status for actively suicidal youth where staff engage in continuous, uninterrupted, one-on-one observation of youth.

Crisis intervention: A means of managing emergency situations.

De-escalation techniques: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

Developmental disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Direct care staff: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

Exigent circumstances: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

Gay: A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

Gender identity: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

Gender nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Guardian: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

Health assessment: A process more comprehensive than screening in which qualified medical professionals use information derived from interviewing a youth, reviewing a youth's medical history, conducting a physical examination, and conducting diagnostic testing to evaluate and plan for meeting the youth's health needs.

Health authority: The individual, governmental agency, or health care contractor responsible for the facility's health care services, including arrangements for all levels of health/and or mental health care and the ensuring of quality and accessibility of health and/or mental health services. The health authority is led by an individual who, by virtue of education, experience and certification, is capable of assuming responsibility for arranging and ensuring the quality of health and mental health services.

Hogtying: A prohibited restraint practice in which the youth's hands are cuffed or tied behind the back, the ankles are tied or shackled together, and the hands and ankles are then cinched together behind or in front of the youth.

Informed consent: The agreement of the youth to undergo a treatment, examination, or procedure after the youth understands the material facts about the treatment, examination, or procedure; its consequences and risks; the alternatives; and the prognosis if it is not undertaken.

Intellectual disability: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

Intersex: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

Lesbian: A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

LGBTQI: An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, or intersex.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

Mechanical restraint: Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

Mental health assessment: A process more comprehensive than screening in which qualified mental health professionals use information derived from interviewing a youth, reviewing a youth's mental health history, and conducting diagnostic testing to evaluate and plan for meeting the youth's mental health needs.

Migratory student: A student who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by the federal No Child Left Behind Act of 2001.

Need to know: A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (e.g., prior physical or sexual abuse).

Normal adolescent behavior: Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

Pain compliance techniques: Restraint methods in which staff cause significant physical discomfort as the primary method of controlling youth, including holds that result in an abnormal rotation, extension, or flexion of a joint.

Pat-down search: An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

Physical body cavity search: A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

Physical force: Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

Post-traumatic stress: For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the

trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

Protection and advocacy agency: An entity established by section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043) to help protect the rights of individuals with disabilities.

Qualified medical professional: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Qualified mental health professional: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Questioning: A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

Reasonable suspicion: A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

Rescue tool: A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

Room check: The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on

the observations.

Room confinement: The involuntary restriction of a youth alone in a cell, room, or other area.

Sex trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Commercial sex acts are sex acts on account of which anything of value is given or received, commonly referred to as prostitution.

Sexual abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

Sexual harassment: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

Sexual orientation: A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

Status offenses: Offenses that would not be crimes if committed by an adult. Depending on the state, this may include being habitually disobedient, breaking tobacco or alcohol laws directed at minors, not attending school, breaking curfew laws, running away from home, or being beyond the control of parents.

Step down: Transferred to a less secure setting.

Strip search: An inspection that requires an individual to remove or arrange some or all clothing so as to permit a visual examination of the person's entire body.

Suicide resistant: Objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Trauma: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

Undocumented: Not having a lawful immigration status.

Universal safety precautions: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

Use of physical force or restraint incident: Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

Visual body cavity search: A visual inspection of the anal or vaginal cavity of an individual.

Voluntary time-out: A brief period of time in a youth's room or other space at the request of the youth.

I. Classification and Intake

Detention can be highly stressful and potentially traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, health, mental health, and physical needs. The Classification and Intake section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help.

Key Definitions

Auxiliary aids or services (for youth with disabilities): Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

Bisexual: A person who is emotionally, romantically, and/or sexually attracted to both males and females.

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Lesbian: A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

Need to know: A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (e.g., prior physical or sexual abuse).

Questioning: A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

Room confinement: The involuntary restriction of a youth alone in a cell, room, or other area.

Sexual abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

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consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

Sexual orientation: A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

Status offenses: Offenses that would not be crimes if committed by an adult. Depending on the state, this may include being habitually disobedient, breaking tobacco or alcohol laws directed at minors, not attending school, breaking curfew laws, running away from home, or being beyond the control of parents.

Step down: Transferred to a less secure setting.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Undocumented: Not having a lawful immigration status.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Specific Detention Limitations			
1. Admissions criteria limit detention eligibility to youth likely to commit serious offenses pending resolution of their cases, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.	X		
2. The facility does not detain status offenders unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act (see 28 CFR § 31.303(f)).	X		
3. The facility has written limitations on lower and upper ages for detention in the facility, and the facility does not hold youth age 12 or under.		X	11- and 12-year-old youth are held at the facility.

Standard	Conforms	Does Not Conform	Findings and Comments
4. The facility does not detain youth who are not alleged to have committed a delinquent or criminal offense, such as abused or neglected youth.	X		
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. Staff do not ask youth about their immigration status.	X		Staff ask about a youth's birthplace, but do not forward that information to any immigration agencies.
b. Staff do not detain youth solely because the youth are undocumented.	X		
c. Staff do not detain youth because staff cannot communicate with the youth or his or her parent or guardian in a language that the youth or his or her parent or guardian understands.	X		The facility has translation services available by telephone.
d. Staff do not detain youth with immigration holds if they have no delinquency cases or charges, or if they would be released under state law (<i>e.g.</i> , youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their cases dismissed, or finish a period of incarceration).	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. Staff do not admit youth with serious medical or mental health needs, or youth who are severely intoxicated, unless and until appropriate qualified medical or qualified mental health professionals clear them. Staff only admit youth transferred from or cleared by outside medical or mental health facilities if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gunshot wounds).	X		Youth with immediate medical needs must be cleared by a hospital before admission. Youth with serious and immediate mental health needs may be sent to a hospital for a psychiatric evaluation.
7. The facility does not admit youth whose safety cannot be protected.	X		
8. Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility's programming can adequately address the youth's needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth's needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.		X	The facility does not have a written ADA plan, although it does have a written policy regarding accommodations.
9. All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the ground that there is no other place to put them (e.g., if a parent refuses to take the youth home).	X		
B. Intake			

Standard	Conforms	Does Not Conform	Findings and Comments
1. Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.	X		
2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.	X		Under state law, only the court has the authority to release youth from detention.
3. Intake/admissions staff use a race- and gender-neutral validated and age appropriate risk assessment instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Staff place youth eligible for detention in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, home electronic monitoring).	X		Court Designated Workers use a Detention Risk Assessment Instrument (DRAI) to screen for admission to detention.
4. The facility's intake procedures include a process for determining if a youth is limited English proficient (LEP).	X		
5. The facility has appropriate and reliable interpretation services available to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The facility does not charge for interpretation services.	X		
6. Staff provide intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide this information in the primary language used by the youth.	X		Intake staff, counselors, and unit staff go over the Resident Handbook, which contains information on rules, policies, and procedures in the facility.

Standard	Conforms	Does Not Conform	Findings and Comments
7. During intake and throughout a youth's stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth's gender identity for communication within the facility, even if the youth's name has not been legally changed. If staff use a youth's preferred name in communication outside of the facility, they only do so at the youth's request.	X		
C. Detention Process			
1. Staff screen youth to identify immediate individual issues that may affect the youth's health or safety, such as intoxication, injury, or suicidal ideation.	X		
2. Intake/admission interviews occur in a private setting.	X		The intake area is open, but the design of the counter interview space provides for private conversations.
3. Staff ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. Staff arrange for necessary accommodations, auxiliary aids, or services.	X		
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival.	X		
5. During the intake process, youth receive information explaining, in an age appropriate fashion, the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules, and procedures including:			
a. Identification of key staff and roles.	X		
b. Rules on contraband and facility search policies.	X		
c. The facility's system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility. [See also standard IV(D)(4).]	X		
d. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve grievances.	X		
e. Access to routine and emergency health and mental health care.	X		
f. Housing assignments.		X	Intake staff discuss this with youth but there is no specific reference to it in the Resident Handbook.
g. Opportunities for personal hygiene, such as daily showers.	X		
h. Rules on visiting, correspondence, and telephone use.	X		
i. Rules regarding access to counsel.	X		
j. Information and communications that are confidential.	X		
k. Access to education, religious services, programs, and recreation.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
l. Policies on use of physical force, restraints, and room confinement.	X		
m. Emergency procedures.		X	This is not included in the Resident Handbook.
n. The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.	X		
o. How to report problems at the facility such as abuse, feeling unsafe, and theft.	X		
p. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.	X		
q. The availability of services and programs in a language other than English.	X		
r. The process for requesting different housing, education, programming, and work assignments.		X	The only reference to this in the Resident Handbook is under "Complaint Procedure" and that section is general and does not specifically refer to requesting different housing, education, programming, work assignments. Youth have filed grievances to request different housing.
s. Demonstration of appropriate pat-down and clothing searches. [Also listed at VI(H)(3).]	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Staff make written materials available in all appropriate languages for limited English proficient youth. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	X		Most youth speak English. There is an intake packet available in Spanish. There are translation services available for other languages.
8. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.	X		
9. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. Staff make materials available for limited English proficient youth in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	X		
10. The facility assesses the frequency with which youth and parents or guardians who are limited English proficient have contact with the facility by collecting data on the primary language of the youth, the primary language of parents or caregivers, and the language spoken in the youth's home. The facility maintains data that show the number of youth and parents or guardians determined to be LEP by language group, and the placement of each youth by language group. Staff review the language data for the purpose of assessing the language assistance needs of the facility.		X	The facility does not collect this data.

Standard	Conforms	Does Not Conform	Findings and Comments
11. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:		X	The facility does not have a language access plan. It does have several components of a plan, as indicated below.
a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.	X		
b. Identification of all vital documents to be translated and into which languages.		X	
c. Assessment of all signage to be translated, including emergency, exit, and special situation signs for all units and other areas of the facility.		X	However, PREA posters are available in Spanish as well as English.
d. Identification of reliable translation services.	X		
e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means, and in which languages they are available.	X		
f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.	X		Management is aware that there are no bilingual staff on site.
g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.	X		Management is aware that there are no bilingual staff on site.
h. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.	X		Translation services are available for other languages by telephone.

Standard	Conforms	Does Not Conform	Findings and Comments
i. How the facility will inform LEP youth and their parents or caregivers about the language services available.	X		Staff can ask translators to talk to youth's parents or caregivers.
j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.		X	There is no plan to provide language access for these activities in the facility. This is handled on the basis of individual youth when they are admitted.
12. Staff review language data periodically to determine if the bilingual staffing, translation and interpretation needs of the facility have changed and if the facility's language access plan needs to be updated.		X	
13. In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.	X		

D. Population Management

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility develops and implements written policies, procedures, and actual practices to ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or stepped down to non-secure settings.	X		JDAI site coordinator provides this function. The facility has not been at or near capacity for several years.
2. The facility develops and implements written policies, procedures, and actual practices to ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are stepped down to less restrictive settings, or transferred to other settings.		X	After the DRAI screen at intake, the facility does not subsequently review youth for release to detention alternatives.
3. The agency responsible for operating the detention facility regularly collects, reviews, ensures the accuracy of, and reports the following data, disaggregated by race, ethnicity, gender, and status as limited English proficient:		X	The facility collects all information except status as limited English proficiency. The information is sent to the state Department of Juvenile Justice.
a. The number of youth brought to detention by each agency (e.g., police, school police, group home).	X		
b. The offenses charged or other reasons for detention such as failure to appear or violation of probation.	X		
c. Risk assessment instrument (RAI) scores and overrides.	X		
d. Admissions to detention.	X		
e. Releases from detention.	X		
f. Average daily population in detention.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
g. Average length of stay.	X		
E. Classification Decisions			
1. Upon admission, staff make housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.	X		
2. As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth's physical and emotional well-being:	X		
a. Age;	X		
b. Gender;	X		
c. History of violent behavior;	X		
d. Level of emotional and cognitive development;	X		
e. Current charges and offense history;	X		
f. Physical size and stature;	X		
g. Status as limited English proficient and the availability of bilingual staff and other interpretation services;	X		

Standard	Conforms	Does Not Conform	Findings and Comments
h. Presence of intellectual or developmental disabilities;	X		
i. Physical disabilities;	X		
j. Presence of mental health needs or history of trauma;	X		
k. The youth's perception of his or her vulnerability;	X		
l. Suicide risk;	X		
m. Prior sexual victimization or abusiveness; [See also standard II(A)(5)(f).]	X		
n. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex; and	X		

Standard	Conforms	Does Not Conform	Findings and Comments
o. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).	X		
3. Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, qualified mental health professionals ascertain the information.		X	There are no qualified mental health professionals on site as defined by the JDAI standards.
4. Staff ask all youth about their sexual orientation, gender identity, and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity, and gender expression recorded and with whom staff can discuss that information. Staff do not make assumptions about a youth's sexual orientation, gender identity, or gender expression.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.	X		
6. Staff do not base housing or programming decisions on race or ethnicity.	X		
7. Staff do not automatically house gay, lesbian, bisexual, questioning, or intersex youth on the basis of their sexual orientation. Staff make any housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for such decisions.	X		
8. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth's health and safety, whether the placement will present management or security problems, the youth's perception of where he or she will be most secure, and any recommendations from the youth's health care provider. Staff document the reasons for such decisions and the facility administrator or designee reviews each decision. Such decisions are reassessed at least every 60 days to review youth's safety and physical and emotional well-being.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
9. Staff do not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings.	X		
10. Staff do not consider lesbian, gay, bisexual, transgender, or intersex identification or status or a youth's gender non-conformity as an indicator of whether a youth is or is likely to be sexually abusive.	X		
11. The facility develops and implements written policies, procedures, and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973, and any applicable state laws.		X	The facility does not have a written ADA plan.
12. The facility does not exclude youth with temporary or permanent mobility impairments from the general population for that reason except by order from a physician.	X		
13. When necessary, staff develop individualized plans to provide for the safety of particular youth. Staff do not use room confinement as a means of ensuring their safety.	X		
14. The facility has a process through which youth may request different housing, programming, education, and work assignments.	X		Youth may do this by talking to staff or through the Grievance process.
F. Confidentiality			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility implements appropriate controls on staff's dissemination within the facility of responses to information gathered during intake and classification in order to ensure that confidential information is only disclosed on a need to know basis and is not exploited to the youth's detriment by staff or other youth. Staff do not disclose confidential information on particular youth to other detained youth.	X		
2. Staff do not disclose information about a youth's sexual orientation or gender identity to anyone, including the youth's parents, without obtaining the youth's consent, unless disclosure is required by law or court order.	X		
3. Staff treat youth's case records, law enforcement records, and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.	X		
4. Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.	X		
5. Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure.	X		
6. The facility maintains the security of documents in its possession that contain confidential youth information, including any information stored electronically.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws. [See also standard II(I)(1).]	X		
8. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, as specified in agency policy.	X		
9. Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.	X		
10. Written policy, procedure, and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's records prior to disclosing the records.		X	

II. Health and Mental Health Care

Youth often come into detention with medical and mental health conditions needing prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health and Mental Health Care section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification of conditions that require prescriptions or place the youth at risk, follow up assessment of identified conditions, care for conditions identified through screening and assessment, and provision of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior.

Key Definitions

Close observation: A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff do not place youth on close observation in room confinement, but instead provide them with a heightened level of supervision. When a youth on close observation is in his or her room, staff observe the youth in a suicide-resistant room in person and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

Confidential information: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

Constant observation: A supervision status for actively suicidal youth where staff engage in continuous, uninterrupted, one-on-one observation of youth.

Developmental disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Direct care staff: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

Guardian: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

Health assessment: A process more comprehensive than screening in which qualified medical professionals use information derived from interviewing a youth, reviewing a youth's medical history, conducting a physical examination, and conducting diagnostic testing to evaluate and plan for meeting the youth's health needs.

Health authority: The individual, governmental agency, or health care contractor responsible for the facility's health care services, including arrangements for all levels of health/and or mental health care and the ensuring of quality and accessibility of health and/or mental health services. The health authority is led by an individual who, by virtue of education, experience and certification, is capable of assuming responsibility for arranging and ensuring the quality of health and mental health services.

Informed consent: The agreement of the youth to undergo a treatment, examination, or procedure after the youth understands the material facts about the treatment, examination, or procedure; its consequences and risks; the alternatives; and the prognosis if it is not undertaken.

Intellectual disability: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

Intersex: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

Mental health assessment: A process more comprehensive than screening in which qualified mental health professionals use information derived from interviewing a youth, reviewing a youth's mental health history, and conducting diagnostic testing to evaluate and plan for meeting the youth's mental health needs.

Need to know: A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (*e.g.*, prior physical or sexual abuse).

Post-traumatic stress: For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

Qualified medical professional: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Qualified mental health professional: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Rescue tool: A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

Room confinement: The involuntary restriction of a youth alone in a cell, room, or other area.

Sexual abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

Sexual harassment: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

Suicide resistant: Objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Trauma: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

Universal safety precautions: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Screenings and Referrals			
1. A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting immediately upon the youth's admission. Female health professionals are available to conduct the screening for girls.		X	Youth worker does screening at intake.
a. The medical screening includes questions about:			
(1) Current medical, dental, and mental health problems or complaints.	X		
(2) Recent injuries or physical trauma.	X		
(3) Current medications needed for ongoing conditions and other special health needs.	X		
(4) Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).	X		
(5) Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.	X		
(6) Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms, and any recent hiding of drugs in the youth's body.	X		
(7) Current gynecological problems and pregnancies.		X	Asks about pregnancy and contraception. No questions about other gynecological symptoms or problems.

Standard	Conforms	Does Not Conform	Findings and Comments
(8) Names and contact information for physicians and clinics treating youth in the community.	X		
(9) The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(H)(1).]	X		Health care provider and health Insurance information are recorded in the facility data system at intake, but not on the electronic health record.
(10) Whether the youth has any current medical problems he or she would like to talk to a doctor about.	X		
b. Observation of:			
(1) State of consciousness, sweating, or difficulty breathing.	X		
(2) Signs of recent physical trauma, injuries, or other physical problems.	X		
(3) Signs of alcohol or drug intoxication or withdrawal.	X		
(4) Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying, or rocking.	X		
(5) Physical disabilities, including vision, hearing, or mobility limitations.		X	Nothing about hearing or vision.
(6) Signs of intellectual, developmental, or learning disabilities.	X		Asks about special education classes.

Standard	Conforms	Does Not Conform	Findings and Comments
(7) Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.	X		
2. A qualified medical professional conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(F)(1).]		X	Suicide screening by a youth worker at intake.
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.		X	
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.		X	
c. Whether the youth has ever attempted or considered suicide.		X	
d. Whether the youth is or has been treated for mental health or emotional problems.		X	
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).		X	
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.		X	
g. Whether the youth is thinking of hurting or killing himself or herself.		X	
h. Whether the youth feels like there is nothing to look forward to in the immediate future.		X	
i. Whether the youth's physical appearance suggests a risk of suicide, such as evidence of self-injury, crying, or rocking.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
3. Staff conduct a standardized mental health screening (such as the MAYSI-2) that is validated for the population being screened to identify youth who may need prompt mental health services. Staff conduct the mental health screening in a confidential setting upon the youth's admission.		X	Recommend using a validated mental health screening instrument (MAYSI-2).
4. Youth who are limited English proficient receive screenings by qualified medical professionals and staff who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	X		Telephone translation service available.
5. After screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.			
a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately for and receive timely care.	X		Referred out from intake. May call RN/LPN down to assess youth first.
b. Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.	X		May see RN/LPN right away if clinic is open. All admissions reviewed next morning.
c. Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth's health are immediately referred to a dentist and receive prompt dental care.	X		To see RN/ LPN next day. Can call DDS for urgent services if needed.

Standard	Conforms	Does Not Conform	Findings and Comments
d. Staff immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(F)(2).]	X		
e. Youth who are identified as requiring additional medical or mental health follow-up for reasons other than significant medical or mental health needs or suicide risk are immediately referred for and receive an assessment by a qualified medical or qualified mental health professional, as appropriate.	X		All youth reviewed by RN/LPN next day.
f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours. [See also standard I(E)(2)(m).]	X		Mental health assessment for victims and youth likely to victimize.

Standard	Conforms	Does Not Conform	Findings and Comments
6. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth's treating physician and the parent and youth about the reasons that he or she believes that the medication may be inappropriate. Medication continuity decisions are made through a same-day evaluation by a physician or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist, or sooner if medically necessary.		X	Try to get medicine and orders to continue medicines. Family can bring in bottles of medicines during clinic hours. RN/ LPN reviews intake package in AM and calls family for medicines. If not brought in by family, order from pharmacy contractor delivered next day. Walgreens backup pharmacy available for urgently needed prescriptions but rarely use. No criteria or lists of medicines that must not be discontinued abruptly (some antihypertensives for example).
7. Staff document:			
a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.	X		
b. The date and time screenings are completed, and the signature and title of the person(s) completing the screening.	X		
c. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions.	X		Alerts to unit from intake are on paper forms.
8. The facility develops and implements written policies, procedures, and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	X		Youth with active health problems are kept in supervised rooms at intake until assessed by RN/LPN next day.

Standard	Conforms	Does Not Conform	Findings and Comments
9. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of their shift.	X		Intake packet with health screening information delivered to clinic for every admission. Daily review and action by RN/LPN each morning.
B. Full Health Assessments			
1. All youth receive a full health assessment soon after admission, and in no case later than one week after admission.	X		MD on site twice a week. Medical assessment scheduled 3-5 days after admission; never more than one week.
2. A registered nurse, nurse practitioner, physician's assistant, or physician performs the full health assessment, with physician co-signature as required by law. Female medical staff are present during a physical examination of a girl.	X		MD.
3. The full health assessment includes:			
a. Review of screening results and collection of additional data to complete medical, dental, and mental health histories.	X		
b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.		X	May call parent only for specific indications. No routine calls for every admission.
c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.	X		
d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.		X	No routine vision or hearing screening. Vision screening for specific complaints only.

Standard	Conforms	Does Not Conform	Findings and Comments
e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).	X		STDs: CT, GC, syphilis CBC HIV Urine pregnancy Sickle cell solubility test if none on record yet Hep C for specific indications such as injection drug use, self tattoo.
f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.		X	No immunizations given. No access to statewide immunization registry. No participation in federally subsidized vaccines for children program. Do get immunization records from the school
g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.	X		Refer out for gynecology assessments. Some minor complaints treated on site (i.e. oral diflucan for yeast infections).
h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above. [See also standard II(B)(3)(g).]	X		
i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol, and unsafe sex practices.	X		
j. History of services for intellectual, developmental, or learning disabilities.	X		Screening inquires about special education placement.
k. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).	X		
l. History of current and previous use of psychotropic medications.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
m. History of traumatic brain injury or seizures.	X		
n. Inquiry about symptoms of post-traumatic stress.		X	Not found on forms.
o. Inquiry about recent injuries or exposure to physical trauma.	X		
p. Inquiry into current self-harming behavior and suicidal ideation.	X		
q. Identification of medical needs related to a youth's identification as transgender or intersex.	X		"Vulnerability assessment" by mental health. Will refer transgender to medical for further assessment of medical needs.
r. Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.	X		
s. Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.	X		Sometimes.
4. Youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	X		Telephone translation service available.
5. Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.	X		Routine mental health and "vulnerability" assessment within 24 hours (weekdays). Routine mental health follow-up in one week.
C. Medical Services			

Standard	Conforms	Does Not Conform	Findings and Comments
1. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.	X		MD twice a week. Chronic care monthly.
2. Qualified medical professionals develop service plans for youth with identified medical needs.	X		MD.
3. Youth have 24-hour access to emergency medical care, including transportation to those services, through on-site staff, by contract, or by way of other immediately available services.	X		911 by custody staff for true emergency.
4. Physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician's assistant or advanced practice nurse who is overseen by a physician with special training in HIV. [See also standard II(C)(18)(g).]	X		Pediatricians from University of Louisville. Youth with HIV infection referred out to health department infectious disease clinic.
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. Youth have the opportunity to consult with a qualified medical professional every day.	X		LPN sick call available 7 days/week.
b. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request.	X		Confidential request forms in locked box.

Standard	Conforms	Does Not Conform	Findings and Comments
c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.		X	Initial interview on unit during medicine pass and over-the-counter treatment for self-limited minor complaints may be given there. Semi-confidential. To clinic for formal assessment if LPN finds that to be necessary.
d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(G)(4).]	X		Epi-pen and glucagon on the medicine cart. Patient specific asthma rescue inhakers on the units.
6. The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.		X	RN/LPN too busy. Cannot do it all timely with current staffing of RN supervisor and LPN on days; LPN on PMs weekdays. LPN 12 hours each weekend day. MD too busy with 2 mornings a week; trying to triage initial assessments vs. acute complaints.
7. The facility has private areas for medical examinations and youth with special medical needs.	X		
8. The facility has designated areas and policies for separating youth from the general population for medical reasons.	X		Supervised rooms in the intake area.
9. The facility does not use health care beds to handle overcrowding.			There are no specifically designated health care beds.
10. Female health professionals are available for health services for detained girls, including transgender girls.	X		Female RN and LPNs.
11. Youth housed in a facility infirmary are admitted only by a qualified medical professional, and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.			There is no infirmary.

Standard	Conforms	Does Not Conform	Findings and Comments
12. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures, and actual practices ensure that staff notify parents or guardians within one hour of the hospitalization.	X		Parents notified by youth worker for hospital admissions.
13. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.	X		
14. Youth receive comprehensive, evidence-based, medically accurate, and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	X		Offer Plan B emergency contraception if unprotected sex less than 72 hours prior to admission. Continue oral contraception on admission. MD offers contraception during initial assessment. Victims of sexual abuse to ER for rape. Outside rape crisis agency for counseling.
15. Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the detention facility as the place of birth.	X		Refer to current obstetrician or to outside obstetrician if no care established yet in the community. Facility MD starts prenatal vitamins and iron.

Standard	Conforms	Does Not Conform	Findings and Comments
16. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education, and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.	X		By RN/LPN.
17. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above. [See also standards II(B)(3)(g) and II(B)(3)(h).]	X		
18. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that:			
a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.	X		HIV tests are routine, with patient option to opt out and signed consent for testing.
b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.	X		Facility MD.
d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.	X		Reporting of HIV infection is required in Kentucky.
e. Staff do not automatically segregate youth with HIV.	X		
f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.	X		Aggregate statistics shared with director and QA; no names of positives.
g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release. [See also standard II(C)(4).]	X		Refer to DOH infectious disease clinic.

Standard	Conforms	Does Not Conform	Findings and Comments
19. Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.	X		Glasses and contact lenses are allowed. Refer to optometry for new glasses when needed. No vision screening on admission, so visual acuity screening and referrals only occur based on youth complaints of vision problems.
20. For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.	X		Nurse supervisor reports off-site referrals are made.

Standard	Conforms	Does Not Conform	Findings and Comments
21. The facility develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.	X		Refer to ER for recent rape or assault. Contract with outside rape crisis center for counseling. Staff have training on response to youth victims. One of the facility physicians is female.
22. The facility develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record, and follows applicable mandatory reporting laws.	X		Assessment for trauma is confidential in the clinic. Most post-restraint assessments occur on the unit in the youth's room with a youth worker supervisor present or nearby.
23. Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
24. Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consult with the youth's medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth's provider and accepted professional standards.	X		No experience with management of transgender youth. Mental health provides the initial assessment. Facility MD would refer back to an already established physician consultant providing transgender medical care.
D. Mental Health Services			
1. Qualified mental health professionals provide services for significant mental health needs discovered during the screening and assessment of youth and for youth with significant mental health needs that arise after admission. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.		X	There is only one person providing mental health services to youth. This person is not adequately licensed or credentialed as required by the JDAI standards. If significant concerns arise consequent to the intake and assessment process, youth are placed on suicide watch and assessed by the psychiatrist who comes to the facility one day a week.
2. Youth who may have significant mental health needs (e.g., youth who have been identified as needing further evaluation by the facility's mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:		X	As above. There are no service plans.
a. Identification of the mental health needs to be addressed.		X	
b. Any medication or medical course of action to be pursued.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists.		X	
d. A description of any behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s).		X	
e. A description of any counseling or psychotherapy to be provided.		X	
f. A determination of whether the type or level of services can be provided in the detention center, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.		X	
g. A plan for monitoring the course of services, including consultation with the youth's family members about the youth's progress.		X	
h. Any necessary modifications to the standard use of force, restraint, and room confinement procedures (e.g., a youth who has been sexually abused or experienced other trauma may need to be restrained differently than other youth).		X	
3. Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.	X		The facility can access community-based providers in the event of a mental health emergency. They also have access to an inpatient psychiatric hospital that provides services to youth.
4. The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
5. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma, and suicide risk among adolescents and age-appropriate interventions.		X	
6. Qualified mental health professionals develop individual mental health treatment plans for youth with significant mental health needs who are under the care of a mental health provider prior to their admission.		X	
7. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at V(C)(10).]		X	Youth workers, who perform the intake functions, receive training.
8. Qualified mental health professionals work with direct care staff and other non-clinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness, or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.		X	The clinician, who is not a QMHP as per the JDAI standards, does work closely with the youth workers.

Standard	Conforms	Does Not Conform	Findings and Comments
9. The facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services.	X		
E. Dental Services			
1. Youth receive a full dental examination within 30 days of admission by a licensed dentist (and every six months thereafter) unless the facility obtains information that the youth received a dental examination within the previous six months. The examination includes:		X	Dental services on site once a week. Dental assessment provided within 60 days, not 30.
a. Taking or reviewing the dental history.	X		
b. Charting teeth.	X		
c. Examining hard and soft tissue in the dental cavity with a mouth mirror and explorer.	X		
d. Taking X-rays needed for diagnostic purposes.	X		
e. Documenting the exam in a uniform dental record.	X		
2. The facility provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.	X		Fillings and cleanings on-site. Root canals and extractions referred to dental school clinic Orthodontia follow-up referred to youth's established orthodontist.
3. The facility has sufficient service hours of dental services to timely meet the needs of youth in the facility.			Unable to determine in records provided.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Youth have 24-hour access to medical care for emergency dental conditions and transportation to those services, through on-site staff, by contract, or by way of other immediately available services. Services include prompt pain control and immediate referral to a dentist.	X		911 would be used.
5. Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.	X		
6. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	X		RN/LPN discusses oral hygiene during the initial health assessment.
F. Suicide Prevention and Response			
1. The facility conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(A)(2).]			Youth Workers perform the intake screening.
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	X		
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	X		
c. Whether the youth has ever attempted or considered suicide.	X		
d. Whether the youth is or has been treated for mental health or emotional problems.	X		
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	X		

Standard	Conforms	Does Not Conform	Findings and Comments
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	X		
g. Whether the youth is thinking of hurting or killing himself or herself.	X		
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	X		
2. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(A)(5)(d).]	X		This occurs. The youth can only be lowered or removed from a suicide watch by the psychiatrist, who only comes to the facility one day a week.
3. Staff refer all incidents of self-harm or attempted self-harm (e.g., cutting) to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, qualified mental health professionals prepare a detailed care and support plan for the youth.	X		Again, the psychiatrist is the only QMHP who comes to the facility one day a week.
4. Staff investigate all incidents of actual and attempted self-harm and institute remedial measures to prevent similar occurrences in the future.		X	No evidence this occurs.
5. Staff encourage youth who are at risk of self-harm to participate in activities and programs unless staff cannot manage their behavior safely.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. All staff working with youth receive pre-service and annual training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at V(C)(4)(g)(3).]	X		
b. The admissions screening addresses suicide risk through interview questions and observation.	X		
c. Qualified mental health professionals evaluate suicide risk.	X		
d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals, including a determination of whether hospitalization is necessary.		X	The psychiatrist is only at the facility 4 – 5 hours a week on Fridays.
e. Staff document contemporaneously the monitoring of youth on suicide precautions in a suicide precaution log or some other centralized record.	X		
f. Staff place actively suicidal youth on constant observation or transfer youth to a mental health facility.	X		Sometimes youth are placed in cell 6 in the intake area. It has a camera and youth are frequently watched by control. This practice is not in compliance with JDAI standards. However, a youth was recently transferred to an inpatient psychiatric hospital.

Standard	Conforms	Does Not Conform	Findings and Comments
g. Staff place youth on close observation if they are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), if the youth has a recent prior history of self-destructive behavior, or if a youth denies suicidal ideation or does not threaten suicide but demonstrates other concerning behaviors indicating the potential for self-injury.	X		All youth on suicide watch status are checked every 5 minutes.
h. Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.	X		The clinician at the facility provides training to youth workers and works closely with them.
i. Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for close or constant observation.		X	See above.
j. Staff engage youth at risk of suicide in social interaction and do not place them in room confinement. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).	X		
k. Youth on suicide precautions are not clothed or housed in degrading, embarrassing, or uncomfortable garments or environments, or left naked. Youth are not clothed in garments that identify the youth as being on suicide precautions when they are outside of their rooms. Qualified mental health professionals make individualized determinations about the appropriate circumstances for youth on suicide precautions, including any use of special clothing.		X	See narrative report.

Standard	Conforms	Does Not Conform	Findings and Comments
l. Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.	X		
m. Only a qualified mental health professional releases a youth from suicide precautions or lowers a youth's level of precautions. Mental health professionals return youth to normal activity as soon as it is possible and safe to do so.	X		As previously stated, only the psychiatrist lowers or removes a youth from suicide precautions.
n. Youth released from suicide precautions have an individualized plan of care developed by a qualified mental health professional that is followed by qualified mental health professionals and all staff who come into contact with the youth. Staff provide enhanced or heightened supervision required by the plan.		X	This does not occur.
o. Staff notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation.		X	It is not clear that this occurs.
p. Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. Rescue tools are available on each living unit. Staff can quickly access the rescue tool and are trained in its use.		X	Rescue tool to cut down attempted hanging not available on every unit. Youth supervisor carries it, so one per floor. The tool is not well designed to slide under a tight ligature to cut away from the neck. Tool has a straight blade and a spade shaped screwdriver tip rather than curved blade with blunt rounded tip. Resuscitation equipment lacks hand operated suction pump.
8. Written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt.		X	Not clear that there are debriefing following suicide attempts.
G. Administration of Prescription Medications			
1. Qualified medical or mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.		X	Little or no laboratory or clinical monitoring for side effects of psychiatric medicines.
2. Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.	X		LPN administers medicines.
3. Staff administer medications under circumstances that protect the youth's medical confidentiality (i.e., not in a public space).		X	Medicines are administered on the units, one by one. Semi-confidential.
4. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(C)(5)(d).]		X	Epi-pens are on the medicine cart, <u>not</u> immediately available to youth and unit staff. Individual youth's asthma rescue inhalers are available on the unit.
5. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The facility develops and implements written policies, procedures, and actual practices to cover:			

Standard	Conforms	Does Not Conform	Findings and Comments
a. Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.	X		Only Tylenol and ibuprofen are routinely stocked. No starter doses of antibiotics or common psychiatric medicines.
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.		X	Dispensing by licensed pharmacy complies with regulations. However, they dispense in bottles instead of blister cards. Blister cards are the standard of care in almost all other juvenile facilities. The cards prevent medicine errors, are easily organized by name or unit, and easily assessed for need to refill the prescription.
c. Maintenance of records needed to ensure control of and accountability for medications.	X		Locked cart. Parents sign for medicines they are given at the time of release.
d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.	X		
e. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.	X		Routinely reorder when ten days or less left in bottle.
f. Requirement of an order by an authorized professional for administration of medication.	X		
g. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.	X		No intramuscular injections given at this site.
h. Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician (e.g., for emergency management of a condition).	X		Locked cart in clinic.
i. Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.	X		- Monthly review by RN/ LPN to remove outdated medicines.

Standard	Conforms	Does Not Conform	Findings and Comments
j. Continuity of medication when youth enter and leave the facility.		X	- Medicines may not be restarted for 24 hours <u>or more</u> from the time of admission. Off formulary psychiatric medicines delayed additional 24 hours due to contractor prior approval requirements.
6. Psychiatrists evaluate youth who are prescribed psychotropic medications shortly after admission, after any change in psychotropic medications, and at least every 30 days. Psychiatrists advise other service providers within the facility, as appropriate.	X		Psychiatrist on site states he sees youth every 30 days routinely.
7. Staff store medications in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (separation of medications for external versus internal use) and security. Staff store medications requiring refrigeration in a refrigerator dedicated solely to medication.	X		
8. Qualified medical professionals maintain an adequate supply of easily accessible emergency medications (e.g., autoepinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies (e.g., the phone number of poison control).	X		Epi-pen in medicine cart and in emergency bag. Glucagon in medicine cart.
H. Informed Consent			
1. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(A)(3)(a)(9).]	X		Information in facility data system, not on electronic health record.

Standard	Conforms	Does Not Conform	Findings and Comments
2. Medical and mental health examination and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures, and actual practices to ensure that:	X		No consent needed while in court ordered custody. Facility director has temporary guardianship.
a. Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.	X		Youth may refuse.
b. Qualified medical and qualified mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.			No youth over 18 years old in the facility. Immediate transfer to the jail when they turn 18.
c. Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.			No involuntary treatment at this site.
d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).	X		Staff understand that no parental consent is needed while youth are in custody, and that youth can refuse care if they wish.
e. Staff document the youth and parents' or guardians' consent or refusal, and counseling with respect to treatment, in youth's medical records.	X		Calls to inform arents about care and needs are documented in the health record in a progress note.

Standard	Conforms	Does Not Conform	Findings and Comments
3. Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.	X		Telephone translation service is available if needed.
4. In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent).	X		No experience obtaining termination of pregnancy at this site. Youth would speak to facility MD and mental health if she wanted to terminate a pregnancy. Outside referral would be necessary.
I. Confidentiality			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures, and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services, and continuity of care for youth. If the facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA's laws and regulations. [See also standard I(F)(7).]	X		
2. Staff record medical, mental health, substance abuse, and dental information in individual health and mental health records. Staff treat such information as confidential.	X		
3. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.	X		Youth are notified about STD reporting.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Staff keep medical, mental health, substance abuse, and dental records separately from confinement records. Medical, mental health, substance abuse records are not used for the purposes of making a finding of delinquency under any circumstances. Such records are only used for determining an appropriate disposition with the consent of the youth and his or her parent after the youth has the opportunity to consult with his or her attorney.	X		Health records separate from confinement records. Medical staff did not know how court might require or use health records.
5. Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).	X		
6. The facility has a written policy that it will inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's medical or mental health records prior to disclosing the records in response to the subpoena or court order.		X	Medical staff did not know anything about subpoenas for records.
7. The facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.		X	Medical staff did not know anything about youth or family access to copies of health records.
J. Health and Mental Health Administration			

Standard	Conforms	Does Not Conform	Findings and Comments
1. There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility's mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.	X		Facility MD from University of Louisville. The facility has a contract with Correct Care Solutions for both medical and mental health services.
2. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care to ensure compliance with federal and state law and generally accepted professional practices, as well as to resolve any barriers at the facility that may impede access to care.	X		Facility MD.
3. There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.	X		Telephone translation service is available if needed.
4. Written job descriptions define the duties and responsibilities of personnel providing health and mental health services in the facility.	X		
5. Qualified medical and qualified mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes . The health authority develops corrective action plans to address any identified deficiencies.		X	Medical contractor (Correct Care Solutions) has quarterly CQI program that seems to be focused solely on process indicators.
7. Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.	X		RN supervisor notified of grievances.
8. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.	X		
9. All newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.	X		Contractor provides 4-6 weeks orientation to new staff including time at the adult jail, use of the electronic health record, and specifics of the juvenile program.

Standard	Conforms	Does Not Conform	Findings and Comments
10. Within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.		X	Could not verify this training is received.
11. All qualified medical and qualified mental health professionals who provide services at the detention facility receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.	X		Web based continuing education for nurses.
12. All full- and part-time medical and mental health professionals have been trained in:			
a. How to detect and assess signs of sexual abuse and sexual harassment.	X		
b. How to preserve physical evidence of sexual abuse.	X		
c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment, and sex trafficking.	X		
d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
13. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at V(C)(11).]	X		
14. To the extent that the facility's medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.			N/A.
15. Qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § 115.335.)	X		
16. The facility offers medical and mental health services to youth free of charge.		X	The sick call request form says that youth may be charged for services. RN supervisor stated that would never happen and a different form should be used without that phrase.
17. The facility does not employ or contract with medical or mental health providers that attempt to change a youth's sexual orientation or gender identity.	X		
18. The facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.	X		
K. Discharge Planning			

Standard	Conforms	Does Not Conform	Findings and Comments
1. Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	X		Youth going home get medicine and notices about follow-up appointments needed. For youth going to a state DJJ facility a summary, medicines, labs, orders, initial health assessment and immunization records are sent to the receiving facility health staff.
2. Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.	X		RN/LPN discussed follow-up needs with parent and youth.
3. Staff take necessary steps to resume the youth's health insurance (e.g., Medicaid) if it is interrupted because of detention.		X	Medical staff stated nothing is done to re-authorize Medicaid suspended at the time of admission to secure detention.
4. Staff enroll eligible youth in Medicaid if they are not already enrolled when they enter the facility.		X	Medical staff stated she does not think this is being done.
5. Written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.	X		Mental hospital is sent a list of medicines. Acute care medical hospital is sent a list of medicines. Group home gets a complete health package similar to DJJ facilities listed at K.1. above.

III. Access

Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance. Standards also ensure that administrators and staff value the input and participation of families.

Key Definitions

Guardian: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

Reasonable suspicion: A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Mail			
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.		X	Handbook and policy limits youth to postage for only two letters per week, excluding legal correspondence. Youth can mail additional letters if youth earn it as a reward for good behavior.

Standard	Conforms	Does Not Conform	Findings and Comments
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.		X	Staff and youth reported that staff routinely "scan" mail, including legal mail, for gang affiliated language or drawings. Handbook provides that mail can be opened and read "clear and convincing evidence" to justify, but with no exception for legal mail.
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.	X		
4. The facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.	X		Staff reported allowing youth to correspond with incarcerated family members upon verification of incarcerated family members' status.
5. If staff withhold mail for any reason, staff inform the youth, log the date, time, and reason for the action, place the mail in the youth's private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.	X		
6. The facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.		X	Policy and handbook limits receipt of personal property from parents.
7. Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.	X		Staff and youth attested to timeliness of mail delivery and posting. Logs do not allow for verification of timeliness.
8. Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.		X	Logs only address outgoing mail.

Standard	Conforms	Does Not Conform	Findings and Comments
9. Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.	X		Staff reported that they would make accommodations.
B. Telephone			
1. Facility staff provide youth with reasonable access to telephones, and staff do not listen in on or record youth's conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.		X	Although staff report not routinely listening in on youth's conversations, calls made from social workers' offices (including legal calls) are made with staff present in the room. Otherwise, calls are made from living unit dayrooms.
2. Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility's positive behavior management system.		X	Youth on room confinement are not allowed to make or receive calls.
3. Calls are available free of charge.	X		
4. Youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.	X		
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.	X		
6. The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. Youth who are deaf, hard of hearing, or who have speech disabilities, and youth who wish to communicate with parents or guardians who have such disabilities, have access to a relay service, text telephone (TTY device), or other comparable equipment. Telephones with volume control are available for youth who are hard of hearing.	X		
8. Youth are able to speak with family members via phone even if staff members at the facility do not speak the family member's language.	X		
C. Visitation			
1. Staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth's child, mentors, community-based service providers, educators, and clergy members, and other supportive adults. Written policies clearly describe the approval procedure for visitation, and staff communicate visitation policies to family members. Staff encourage visitation with youth's own children through visitation in child-friendly visiting spaces, telephone, and mail.		X	Visitation generally restricted to parents, grandparents, or legal guardians. Handbook provides for a one-time special visit if sentenced to another facility. Logs verify vast majority of visits are of parents and grandparents. In the period between April 15 and April 30, just 3% of visits were made by those other than individuals listed as parents, grandparents, or legal guardians (8 of 209 visitors).
2. Written policies, procedures, and actual practices provide for a process to approve visitation from individuals not listed above.	X		Recommend broadening access to special visits as an incentive.

Standard	Conforms	Does Not Conform	Findings and Comments
3. Staff treat all visitors in a professional manner and with respect.	X		Social workers processed visitors professionally and respectfully.
4. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives, or friends.	X		
5. Family visiting occurs on several days of the week, including both weekends and weekdays, and is not limited to normal business hours. Youth have the opportunity to have visits from family members at least twice per week. Staff post a schedule of visiting hours and rules in English and other appropriate languages.		X	Weekday visiting occurs largely during time period prior to end of normal business hours. Consider pushing weekday visitation period back to half an hour after end of normal business hours on weekdays. Develop protocol to clarify that social workers are primary point of contact for visitation hours. Team observed family member who was provided incorrect information about visitation hours. Recommend improved signage in visitation area, including visitation rules. Currently, there is a lengthy bulleted list of rules on an 8 1/2x 11 sheet, which is difficult to read.
6. The facility informs family members that they may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.	X		Recommend clarifying process to secure special visits in resident handbook. Many youth were unclear how to request visits and how decisions would be made.
7. The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.		X	No video visitation at this time.
8. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.		X	Visits are only 20 minutes on weekdays and 30 minutes on weekends.

Standard	Conforms	Does Not Conform	Findings and Comments
9. Staff do not deprive youth on disciplinary status of visits as a punishment. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period.		X	No visitation if appeared in court that day, if on room confinement, or if in maximum security. Additionally, youth can lose visitation for 30 days for fighting during visitation on the first time and indefinitely for the second time.
10. The facility does not deny family members visitation solely on the basis of previous incarceration or a criminal record.	X		
11. Staff supervise the visiting area but do not listen in on conversations absent reasonable suspicion that a crime, escape, or threat to safety or security is likely to occur.	X		
12. If staff conduct searches of youth following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice. [See also standard VI(H)(2)(b).]	X		
13. The facility develops and implements written policies, procedures, and actual practices to ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies in English and other appropriate languages so visitors are aware of the rules.	X		
14. Entrances, visitation areas, and restrooms used by the public are accessible by individuals with limited mobility.		X	Restrooms accessible to public off of visitation area are not ADA compliant.
D. Access to Counsel, the Courts, and Public Officials			

Standard	Conforms	Does Not Conform	Findings and Comments
1. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.		X	Staff reported opening and scanning legal mail for contraband. Clarify that legal mail should never be opened and that it should be stored in the youth's room.
2. Staff allow visits from attorneys, paralegals, and other legal support staff such as investigators, experts, and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (<i>e.g.</i> , laptops, legal files).	X		
3. Staff allow attorneys to meet with their clients without delay.	X		
4. Attorneys other than the youth's delinquency attorney may visit with the consent of the youth. Staff allow youth to access legal assistance (<i>e.g.</i> , <i>pro bono</i> lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	X		
5. The facility provides a private room or area that allows for confidential attorney visits.	X		
6. Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.		X	Although staff report not routinely listening in on youth's conversations, legal calls made from social workers' offices are made with staff present in the room.

Standard	Conforms	Does Not Conform	Findings and Comments
7. Written policies, procedures, and actual practices outline protocols for interviews of youth by law enforcement and prosecutors, and the protocols incorporate youth's right to counsel.		X	Informed that law enforcement or prosecutors would contact youth's attorney if law enforcement or prosecutors requested access to detained youth for interviews and that defense attorneys would accompany law enforcement, and that parents would not be notified. Recommend developing protocol to ensure timely notification of youth's attorney when law enforcement or prosecutors request access to detained youth to protect youth's right to counsel.
8. The facility provides records to a youth's attorney upon written consent of the youth or a court order appointing the attorney as the youth's counsel.	X		
E. Family Engagement			
1. The facility offers parents and guardians a verbal, written, audio-visual, or group orientation within seven days of a youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates.	X		Telephone introduction done with family members, but no formal orientation program exists. Recommend expanding upon visitation guidelines to incorporate additional information for family members and adding posters and other relevant information to lobby and visitation area.
2. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.		X	As mentioned in Classification, recommend revising resident handbook and other materials to simplify and pare down language used in materials for family members.
3. Facility administrators provide a way for parents and guardians, including individuals who are limited English proficient, to ask questions about the facility and its programs and ensure that those questions are answered.	X		Social workers attend and coordinate visitation.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	X		Recommend clarifying through policy, procedure, and actual practice that social workers are primary point of contact. The team observed family members frustrated with incorrect information received from other individuals. Recommend improved signage in visitation area, including visitation rules. Currently, there is a lengthy bulleted list of rules on an 8 1/2x 11 sheet, which is difficult to read.
5. Facility staff encourage contact between youth and family members through mail, telephone, visitation, and other means.	X		
6. Staff make efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge, when feasible.	X		
7. The facility does not bill the youth or his or her family for days in detention or services provided at the facility.	X		
8. Parents, guardians, and other family members are able to register complaints about the treatment of youth. Facility administrators promptly reply to such complaints. The facility makes appropriate arrangements to receive complaints from parents or guardians who are limited English proficient.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
9. There are regular forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.		X	
10. Administrators help family members arrange for transportation to and from the facility if the facility is not otherwise accessible via public transportation.	X		Facility is accessible via public transportation.
11. The facility involves family members when revising policies that relate to family members' access to the facility, including policies on grievances, visitation, and access to telephone and mail.		X	Policy does not provide for family member input into policies.

IV. Programming

Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in the same kinds of age appropriate, healthy, educational activities youth would experience in the community. This section outlines the requirement that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities, and have the opportunity to practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior.

Key Definitions

Guardian: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

Migratory student: A student who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by the federal No Child Left Behind Act of 2001.

Intellectual disability: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

Developmental disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Education			
1. School and facility administrators develop and implement written policies, procedures, and actual practices to facilitate communication and coordination between educators and detention staff to ensure that all youth in the facility have access to an appropriate educational program.		X	Policies and procedures exist. Coordination between teachers and unit staff is adequate, but youth spend ½ of the time when school is in session on the housing units. The current schedule has students in class for school one day and on the unit the following day. Students on housing units only have access to teachers when unit staff calls teachers to the unit to respond to the needs of individual students.
2. At the time of admission, youth receive a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, grades, and whether they have limited English proficiency or meet the definition of a migratory student. Staff use this information to inform initial placement in the facility's educational program.	X		Informal interviews are held with youth soon after admission. Most of the information about prior school experiences is contained in Infinite Campus, a KY state-wide education data base.
3. Youth attend the facility school at the earliest possible time but no later than the next school day after admission to the facility.	X		Youth receive education services within a day of their entering the facility.
4. Staff request a youth's educational records from his or her prior school, including Individual Education Program (IEP) and 504 plans, within 24 hours of the youth's admission or the next business day, whichever is later.	X		The education staff uses Infinite Campus to access student records. An instructional assistant on site accesses and manages education records. A retired part-time special educator reviews and manages IEPs and 504 plans.

Standard	Conforms	Does Not Conform	Findings and Comments
5. Within five days of admission to the facility, education staff complete a comprehensive assessment of youth's general educational functioning to facilitate placement in an appropriate program. The assessment includes data from multiple sources, including standardized tests, informal measures, observations, student self-reports, parent reports, progress monitoring data, and educational records from the youth's prior school.		X	The education assessment includes giving the TABE (Test of Adult Basic Education) to students to complete independently within the first few days of enrollment. The school counselor is on site one day each week. It appears that initial assessment involves reviewing existing data in Infinite Campus and the students' TABE scores. All students attend class with other students on their living units. Students spend all of their time each day with one teacher who may be certified and have expertise in only one core content area.
6. The facility school complies with state and local education laws governing the minimum number of minutes in a school day and ensures that each student receives the required number of minutes of educational instruction. Detention staff ensure that procedures to move youth to and from their educational program do not interfere with the minimum number of minutes in a school day.		X	School is in session for six hours each day. The school has 220 instructional days and 10 additional teacher work days. However, students are in class only ½ of the time. The net effect is that students receive on average, 15 hours of instruction each week rather than 30 hours of instruction.
7. The facility school operates twelve months a year with scheduled breaks. The facility provides additional elective and special activities for programming during breaks and school holidays.	X		
8. School classes are held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.		X	Students attend school in dedicated classroom spaces every other day. The needs of all students, particularly students with disabilities, are compromised by this instructional arrangement.

Standard	Conforms	Does Not Conform	Findings and Comments
9. The facility provides educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials, computers, and other education-related technology, except where security concerns make it unsafe to use those materials at the facility.	X		The Jefferson County Public Schools operate the education program at the Louisville Metro Juvenile Detention Center under contract. The school has an ample supply of instructional materials including books, computers, and smart boards. However, students have not had access to web-based instructional tools and supports since the spring of 2017. Web access was suspended when a student breached the security system. At the time of the team's visit, students had not been on the web for many months and did not have access to credit recovery programs.
10. The facility school has an adequate number of staff members to meet youth's educational needs. Teacher-student ratios are at least 1:12 in the general education program and at least 1:8 in programs for students with intensive learning needs. Administrators timely replace teachers who retire or transfer. Instructional staff are qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for limited English proficient (LEP) youth.		X	The school has an inadequate number of teachers given the current instructional arrangements. The guidance counselor and the assistant principal are both on site only one day each week. Students are assigned to teachers by living unit, and students spend all of their class time with just one teacher unless they are moved to another living unit.
11. The facility school has a procedure to identify LEP youth. Staff provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law.		X	
12. The facility has adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Staff do not deny youth school or class time based on the failure to provide a substitute teacher.		X	The education program does not have substitute teachers.

Standard	Conforms	Does Not Conform	Findings and Comments
13. The agency operating the facility school has a quality assurance system in place to assess the quality of the school's educational services, including special educational services, and to ensure compliance with state and federal education laws. School administrators review the findings of the assessments and address any deficiencies.		X	There was no indication that a quality assurance system was in place to ensure that students received appropriate services as required by state and federal education law.
14. An accreditation or oversight entity such as a state board of education annually reviews and evaluates the facility's school, and school administrators review the findings and address any deficiencies.	X		KYDE and DJJ complete annual audits to ensure the school is complying with standards.
15. The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health, mathematics, fine arts, foreign language, and physical education), including preparation for any required state examinations.	X		Students do not have CTE coursework. There is no foreign language instruction. At the time of our visit, students did not have access to a web-based curriculum that could have been used to provide students instruction in specific areas.
16. The facility school accepts and awards credit (including partial credit) for work completed. The facility school informs the youth's receiving school of all credits earned upon the youth's release.	X		
17. The facility school complies with federal special education law (e.g., the Individuals with Disabilities Education Act, or IDEA) and comparable state requirements for students with disabilities.		X	Special education services at the detention center are inadequate.
a. The facility school has procedures to determine which youth have previously been identified as having disabilities and are in need of special education and related services, and to promptly obtain special education records for such students.	X		Infinite Campus is used to retrieve student records.

Standard	Conforms	Does Not Conform	Findings and Comments
b. The facility school has procedures in place to identify and assess youth who may have a disability, but who have not been previously identified, in conformity with state and federal requirements for special education, including the Child Find provisions of the IDEA.	X		JCPS has the capacity to assess students who are suspected of having a disability but who are not currently receiving special education services.
c. A current IEP is in place for each student with identified disabilities. Students entering with an existing IEP receive services comparable to those described in the IEP until such time as the school adopts the IEP or develops and implements a new IEP that is consistent with federal and state law. Modifications to the IEP are based on the needs of the student, not on the convenience of the facility.		X	Students do not receive services described in their IEPs.
d. The process for developing or modifying IEPs at the facility school is the same as that used in regular public school settings, including compliance with the parental notice and parental participation requirements under the IDEA.		X	
e. The facility school provides special education students with a full continuum of general education classes, special classes, and supplementary services. Special education students participate in general education classes and programs to the maximum extent possible.		X	
f. Special education staff at the school are certified or credentialed by the state for the services they provide.		X	One certified special education teacher works at LMRDC. A retired special educator works part-time managing special education IEP meetings.

Standard	Conforms	Does Not Conform	Findings and Comments
g. The facility school holds teachers accountable for teaching to a youth's IEP goals and monitoring progress toward achieving those goals.		X	No documentation was evident.
h. The facility school provides related services required by the IEP, including such services as speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services, and school health.		X	There was no evidence that students receive related services identified on their IEP.
i. The facility school provides transition services that facilitate a student's movement from school to post-school activities as required by a youth's IEP. Post-school activities include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education, and independent living.	X		A transition counselor meets with youth prior to their return to the community. This individual facilitates transfer of youth to alternative schools in the community. A recent JCPS policy requires all students returning from the detention center to the community to meet with a school administrators prior to their return to the public schools. Students reported that they had to spend six weeks or more in an alternative education setting before being allowed to return to their home school. This was the case even when the offense with which the student was charged did not occur at school.
j. Parents or guardians receive required notices of and participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone, visual, or internet conferencing to facilitate parent or guardian involvement. School staff provide notices to parents or guardians that are understandable and in the parent or guardian's primary language, unless it is not feasible to do so.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
k. The facility school secures parent surrogates when parents or guardians are unavailable to participate in special education decisions. Parent surrogates are not employees of the school or the facility.			We were unable to assess this during our visit.
l. The facility school complies with legally required timelines for assessment and IEP development and implementation.		X	The IEPs are not implemented as written.
m. The facility school complies with all IDEA requirements for notice and due process.		X	The detention center school complies with parental notification for IEP meetings, but does not conduct manifestation determinations to determine if there is a nexus between students' behavior and their disabling condition.
n. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities. Facility staff and school personnel follow disciplinary procedures that provide for manifestation determination reviews and functional behavioral assessments for youth with disabilities.		X	There was no indication that the facility conducts manifestation determinations and Functional Behavior Assessments (FBAs) or implements Behavior Intervention Plans (BIPs). The majority of students eligible for special education services had a history of emotional or behavioral problems associated with their disability.
18. Students entering with an existing 504 plan receive services that match the plan as closely as possible.		X	One student at the facility had a 504 plan.
19. The facility school encourages youth to work toward a high school diploma. The facility also provides General Education Development (GED) programs, preparation, and testing. If testing is not available on site, facility staff arrange for students to be transported off grounds to a local testing center.		X	The GED is not a option for students at the detention center.
20. All youth attend the regular facility school unless they pose a continuing danger to other youth or staff.		X	Students spend every other day on the unit and not in class during school hours.

Standard	Conforms	Does Not Conform	Findings and Comments
21. School and facility staff follow the school's disciplinary procedures and do not impose the facility's disciplinary sanctions for behaviors that can be handled in class.		X	
22. Staff develop behavior intervention plans for youth whose behavior interferes with their school attendance and progress.		X	There were no behavior plans evident in youth files.
23. Youth who do not attend the regular facility school because of safety or medical reasons receive an education program comparable to youth in other units in the facility in the least restrictive environment possible. Dropped off packets of work without adequate instruction, follow-up, and grading are not sufficient to meet this standard.		X	Students on room confinement for disciplinary reasons do not receive education services. The girls unit, 2H was on on "1 in 1 out" status for more than two weeks at the time of our visit. The entire unit was kept out of school. Girls received 1:1 tutorial services for a maximum of 1 hour each day.
24. Suspensions and expulsions from the facility school comply with all state and local requirements.		X	Room confinement and "1 in 1 out" functioned as school suspensions. There was no due process in place that conformed to state and local requirement for suspensions.
a. School officials and facility staff use alternative means of responding to disruptive behavior instead of imposing a suspension. School officials do not expel youth from the facility school.	X		
b. If staff suspend youth, they only do so for activity that takes place at school.		X	
c. In lieu of returning suspended students back to their units, staff accommodate students, whenever possible, in supervised suspension classrooms where students can complete all school work and assignments for the duration of the suspension.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
d. If staff suspend a student, they afford the student the opportunity to complete school work during the suspension. Youth have appropriate space to complete such assignments and school work.		X	
e. The facility complies with all state and federal special education laws if a student with a disability is removed from the facility school.		X	
25. School and facility administrators develop and implement policies, procedures, and actual practices that assure that youth can complete any assigned homework.		X	There was no evidence that homework is assigned.
26. The facility offers educational activities and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education. Programs may include, but are not limited to, vocational and technical training, on-site job training, college preparatory classes, college credit classes, and English language development for LEP youth. The facility offers vocational programming to all eligible students equally, regardless of gender.		X	All youth are required to attend school including those who have already received diplomas or GEDs. This is likely due to the absence of vocational programming, on-site job training and college prep classes.
27. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of the youth's educational records, including credits and grades; assessment of any credit deficiencies in order to graduate; and other steps necessary to facilitate youth's immediate enrollment in another appropriate educational placement upon release from the facility.	X		An administrative assistant manages student records. Upon discharge from the detention center, students' records are updated in Infinite Campus.

Standard	Conforms	Does Not Conform	Findings and Comments
28. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth's IEP goals.	X		
29. The parents or guardians of detained youth have the same access to educational records and an explanation of those records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state, and local laws and policies regarding access to educational records.	X		
B. Exercise, Recreation and Other Programming			
1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities. Youth with physical disabilities have the opportunity to participate in recreational activities. [See also standard IV(E)(5).]	X		
2. Facilities that house 50 or more youth have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
3. The facility offers youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.	X		LMYDS is minimally compliant with this standard. The range of recreational activities should be increased.
4. The facility maintains an adequate supply of games, cards, and writing and art materials for use during recreation time.		X	
5. Staff, volunteers, contractors, and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic, and cultural groups within the facility. The facility provides opportunities for youth to provide input into the programming at the facility.	X		There is a volunteer coordinator and a program specialist that coordinate volunteer programming. However, LMYDS can improve programming to better meet the needs and interests of residents.
6. The facility offers a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based organizations that offer the opportunity for continuity once the youth is released.	X		The facility offers a range of activities. Nevertheless, there should be much more diverse programming that could reach more youth.
7. Equivalent gender-responsive programming exists for female and male youth in the facility. Facilities do not limit access to recreation and vocational opportunities on the basis of gender. "Equivalent" does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities, and recreational opportunities of comparable quality.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
8. The facility offers special programming for youth who are pregnant and youth who are parents.	X		
9. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every weekday and at least two hours of large muscle exercise each weekend day in a space outside of their own room. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.		X	It is unclear if youth on confinement status always receive one hour of physical activity outside their room.
10. Staff take youth outside for their hour of exercise, weather permitting (e.g., not too hot or too cold).	X		
11. Youth have the opportunity to express recommendations and requests for changes to the facility programming to the administrator in-person or through student councils, focus groups, or other meetings.	X		There is a student advisory committee through which youth are able to make suggestions about facility programming. LMYDS should allow more youth a way to express feedback.
12. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff provide youth with some unstructured free time as well.		X	
13. The facility has outdoor recreation areas large enough to permit youth to engage in large muscle exercise. Outdoor recreation spaces ensure that youth have access to fresh air and a view of the sky.	X		
14. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
15. The facility develops and implements written policies, procedures, and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	X		The local school district is responsible for providing books.
16. The facility has a library that contains reading materials that are geared to the diverse reading levels, interests, gender, sexual orientation, socio-economic, cultural, racial, and ethnic backgrounds, experiences, and primary languages of confined youth. Staff can also make appropriate reading material available for youth with disabilities.	X		Although the amount of reading materials in the library is adequate, the ability of youth to access engaging books is limited by the physical layout of the space and the lack of staff assistance.
17. Staff allow youth to keep reading materials in their rooms.	X		
18. Staff allow youth to access the library at least once per week.	X		According to unit schedules, youth visit the library once per week. Several youth told us that staff did not always take them to the library during this time. In at least one case, staff verified that this was true.
C. Religion			
1. The facility permits youth to gather for religious services. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice. Staff do not confine youth who decide not to participate in religious services to their rooms during that time, but allow youth to engage in some alternative recreational activity.	X		
2. Youth have the opportunity to meet with religious leaders of their choice.	X		
3. Youth receive special diets to accommodate sincerely held religious beliefs.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
4. Staff permit youth to have religious books and reading materials in their rooms.	X		
5. Staff do not restrict religious practices and materials absent a compelling governmental interest.	X		
D. Positive Behavior Interventions and Supports			
1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.		X	The facility does not support individualized strategies to help youth meet behavioral expectations.
2. The facility's system of positive behavior interventions and supports reflects the following principles:			
a. The system outlines expectations clearly and using specific examples of positive and negative behavior.		X	There are no specific examples of positive behavior in the Resident Handbook, and the facility does not use individual behavior plans.
b. The system rewards youth for positive behavior with incentives that are meaningful enough to motivate youth.	X		LMYDS does offer incentives for positive behavior through the level program and Token Economy. Youth requested more meaningful incentives.
c. Staff responses to positive behavior are immediate, fair, and proportionate to the behavior.		X	
d. Staff model positive behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth's sense of self-efficacy, self-concept, and self-esteem.		X	Staff do not regularly recognize positive youth behavior.
e. Staff responses to negative behaviors are immediate, fair, and proportionate to the behavior. Consequences related to negative behavior bear a relationship to the type of negative behavior demonstrated by the youth.		X	There is inconsistency and perceived arbitrariness in the way staff respond to negative behavior.

Standard	Conforms	Does Not Conform	Findings and Comments
f. Staff use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.		X	Most staff do not prioritize age-appropriate and trauma-informed responses to youth behavior.
g. Staff work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors.		X	There is no mechanism in place to ensure that staff regularly engage with individual youth to understand their problem behavior or identify alternatives.
3. Staff implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education, and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another.	X		
4. Staff explain the behavior management system to youth upon admission, both verbally and in writing, at a level that staff reasonably expect youth to understand. [See also standard I(C)(6)(c).]	X		
5. Staff are trained in the use of the behavior management system and implement it fairly and consistently.		X	Sanctions are administered inconsistently by various staff members.
6. The facility has a mechanism for quality assurance and oversight of the facility's behavior management system.	X		The facility records an impressive amount of data. However, it is not clear the new administrators are able to use data to take effective corrective action.
7. The culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.		X	
E. Youth with Special Needs			
1. The facility develops and implements written policies, procedures, and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspect of the facility's programs, activities, and services.	X		
3. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.		X	There is no written plan for youth with disabilities to ensure that this occurs. Policy does exist.
4. The facility has a designated staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.		X	
5. Youth with physical disabilities have the opportunity to participate in recreational activities. The facility makes modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility provides alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities. [See also standard IV(B)(1).]	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. The facility makes appropriate auxiliary aids and services available for youth who are deaf or hard of hearing in all areas of programming and services, including intake, medical and mental health services, educational and recreational programming, and discipline. The facility gives primary consideration to the youth's request for particular types of auxiliary aids or services.		X	There is no written plan for youth with disabilities to ensure that this occurs. Policy does exist.
7. The facility provides qualified sign language interpreters for youth whose primary means of communicating is sign language and qualified oral interpreters for youth who rely primarily on lip reading. The facility maintains a current list of companies or organizations offering these services in the geographic area of the facility.		X	
8. Televisions or other audio-visual equipment for recreational or other purposes have the built-in capability to display captions, or staff make closed captioning decoders available to youth who are deaf or hard of hearing.	X		
9. The facility takes steps to ensure meaningful access to all aspects of the facility's programs, activities, and services for limited English proficient youth. This includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. [See also standards I(C)(9)-(12).]		X	While interpretation services are available at intake and policy exists, there is no written language access plan to provide access to all aspects of facility programming and services for limited English proficient youth.
10. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians of limited English proficient youth.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
11. Staff do not rely on youth interpreters to communicate with youth or family members except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of a youth's allegation of abuse.	X		This requirement is included in policy. However, interviews suggest that some staff may still use residents as interpreters.
12. The facility does not charge for interpretation services.	X		

V. Training and Supervision of Employees

The quality of any facility rests heavily upon the people who work in it. This section requires that the facility hire properly qualified staff and provide the necessary pre-service and continuing training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well – through appropriate staffing ratios and proper administrative supervision. The section further requires that facility staff engage in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

Key Definitions

Bisexual: A person who is emotionally, romantically, and/or sexually attracted to both males and females.

Confidential information: Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

Crisis intervention: A means of managing emergency situations.

De-escalation techniques: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

Developmental disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Direct care staff: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

Exigent circumstances: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

Gay: A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

Gender identity: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

Gender nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Intersex: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

Lesbian: A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

LGBTQI: An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, or intersex.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

Mechanical restraint: Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

Physical force: Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

Post-traumatic stress: For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

Qualified medical professional: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Qualified mental health professional: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Questioning: A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

Rescue tool: A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

Sex trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Commercial sex acts are sex acts on account of which anything of value is given or received, commonly referred to as prostitution.

Sexual abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

Sexual harassment: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

Sexual orientation: A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Trauma: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

Universal safety precautions: Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Qualifications for Institutional Staff Positions			

1. The facility hires staff to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.		X	HS Diploma or equivalent.
2. Written job descriptions and requirements exist for all positions in the facility.	X		
3. The facility recruits and hires a diverse staff and administrators to meet the needs of the facility.	X		
4. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.			Did not receive adequate documentation to assess.
5. Before hiring new employees, the facility ensures that staff responsible for screening new hires:			
a. Perform a criminal background records check.	X		
b. Consult any child abuse registry maintained by the state or locality in which the employee has worked or would work.	X		
c. Consistent with federal, state, and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § 115.317(f)-(h).)	X		

6. Staff perform a criminal background records check and consult child abuse registries where the employees have worked or would work, before enlisting the services of any contractor who may have contact with youth.	X		
7. Facility hiring staff conduct criminal background records checks of current employees and contractors who may have contact with youth at least every five years or have in place a system for otherwise capturing such information for current employees.	X		
8. The facility does not hire or promote anyone who may have contact with youth, and does not enlist the services of any contractor who may have contact with youth who:	X		
a. Has engaged in sexual abuse.	X		
b. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; sexual abuse; child abuse; domestic violence; stalking; or elder abuse.	X		
c. Has been civilly or administratively adjudicated to have engaged in the activity described above.	X		
9. Facility hiring staff ask all applicants and employees who may have contact with youth directly about previous misconduct described in (8) above. Facility hiring staff do so in written applications and interviews for hiring or promotions, as well as any interviews or written self-evaluations conducted as part of reviews of current employees.	X		

10. The facility imposes a continuous affirmative duty upon employees to disclose any of the misconduct described in (8) above.	X		
11. The facility considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.	X		
B. Staffing			
1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and access to school programming and other scheduled activities.		X	The facility is seriously understaffed. Staff are required to work mandatory overtime on a regular basis. See narrative report.
2. There is at least a 1:8 ratio of direct care staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. The ratio is calculated based on the number of direct care staff supervising the general population. Direct care staff are stationed inside living units where they can directly see, hear, and speak with youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.		X	The current staff to youth ratio is 1:10 during waking hours. This ratio includes staff in the Control Room, who are not able to directly see, hear, or speak with youth.

3. There is at least a 1:16 ratio of direct care staff to youth during the hours that youth are asleep. In addition to the required number of direct care staff, there is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct care staff. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.		X	There is a required 1:16 ratio during sleeping hours but this ratio includes staff in the Control Room, who are not able to directly see, hear, or speak with youth.
4. The facility uses cameras or other video technology to monitor living units and other areas of the facility. Cameras and other video technology supplement, but do not replace, direct staff supervision.	X		Blind spots in the current camera system are currently being fixed by installing 55 new cameras.
5. The facility has developed, implemented, and documented a staffing plan. The facility reviews the plan at least annually. The staffing plan includes a replacement factor that accurately accounts for staff training, foreseeable vacancies, staff vacation, family and medical leave, and other absences. The plan provides sufficient staff to avoid involuntary double-shifts and mandated overtime. If the facility routinely relies upon mandated overtime, administrators re-evaluate and revise the staffing plan to address the problem. (Additional detail on PREA compliance at 28 CFR §§ 115.313(a), (d).)	X		The facility is understaffed. Staff are required to work mandatory overtime on a regular basis.
6. The facility complies with its staffing plan except during limited and discrete exigent circumstances, and staff document any deviations from the plan during such circumstances.	X		Facility administrators attempt to comply with the staffing plan by requiring significant amounts of mandatory overtime.
7. Staff do not sleep while on duty.	X		

8. Backup staff support is immediately available to respond to incidents or emergencies.	X		
9. At least one female staff member is on duty in living units housing girls, and at least one male staff member is always on duty in living units housing boys. Staffing levels of same-gendered staff are sufficient so that staff can avoid viewing youth of the opposite gender in a state of undress, except in exigent circumstances.	X		
10. The facility has adequate staff to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.	X		
11. The facility has adequate staff with the language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages.		X	
C. Training for Institutional Staff			
1. Staff possess the information and skills necessary to carry out their duties.	X		

2. The facility develops and implements written policies, procedures, and actual practices to ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training, while valuable, do not count toward the hours of required training.	X		
3. The facility designates a person who is responsible for coordinating staff training activities at the facility. That person has skills in providing or procuring staff training.	X		
4. Facility staff, including but not limited to direct care staff, qualified medical professionals, and qualified mental health professionals receive training on policies and practices regarding:			
a. Basic rights of incarcerated youth, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.	X		
b. Background characteristics of youth.			
(1) Adolescent development for girls and boys, including sexual health and sexual development.	X		
(2) The physical, sexual, and emotional abuse histories of youth and how to understand post-traumatic stress reactions and effectively interact with youth with those histories and trauma-related reactions.		X	

(3) The impact of traumatic events such as exposure to or witnessing severe violence, death, or life-threatening accidents or disasters, on youth development. This includes the impact of incarceration, and how to recognize and respond to youth whose behavior is affected by post-traumatic stress.		X	Some social workers and program workers received training on trauma informed care. Despite this opportunity, LMYDS does not provide adequate training on trauma. See narrative report.
c. Working with specific populations.			
(1) The facility's non-discrimination policy and working with youth in a respectful and non-discriminatory manner.	X		
(2) Signs of physical, intellectual, and developmental disabilities, the needs of youth with such disabilities, and the ways to work and communicate effectively with youth with those disabilities.		X	
(3) Signs of mental illness and the needs of and ways of working with youth with mental illness.		X	
(4) The facility's language access policies and plans, including how to access language assistance services for limited English proficient youth.	X		
(5) Information on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner.		X	Pre-service training on gang awareness mentions cultural diversity and lifestyles. This training does not provide appropriate content to satisfy this standard.
(6) Gender-specific needs of youth in custody, including special considerations for boys and girls who have experienced trauma, pregnant girls, and health protocols for both boys and girls.		X	

(7) How to work and communicate with lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) youth, as well as how to recognize, prevent, and respond to harassment of LGBTQI youth.	X		
d. Positive behavior management, de-escalation techniques, and conflict management.			
(1) The facility's positive behavior management system.	X		
(2) Appropriate sanctions for negative behavior.	X		
(3) How to communicate effectively and professionally with youth.	X		
(4) Conflict management, de-escalation techniques, and management of assaultive behavior. [Also listed at VII(A)(1)(a).]	X		Staff receive some training through Handle With Care, but the content is adequate. See narrative report.
(5) Access to mental health and crisis intervention services for youth.		X	
(6) Alternatives to and the appropriate use of physical force, mechanical restraints, and room confinement. [Also listed at VII(A)(1)(b).]	X		Staff receive some training through Handle With Care but LMYDS should enhance content with regular on-site training.
e. Response to and reporting of child abuse, neglect, and violation of staff responsibilities.			
(1) Signs and symptoms of child abuse and neglect.		X	Only full and part-time medical and mental health care staff are required to receive training on this subject.
(2) Handling disclosures of victimization in a sensitive manner.		X	Only full and part-time medical and mental health care staff are required to receive training on this subject.
(3) How to comply with relevant laws related to mandatory reporting to outside authorities.	X		

(4) The right of youth and staff to be free from retaliation for reporting abuse, neglect, and violation of staff responsibilities.	X		
f. Sexual abuse and sexual harassment prevention, detection and response. (Additional detail on PREA compliance at 28 CFR § 115.331(a).)			
(1) The facility's policy prohibiting sexual abuse and sexual harassment.	X		
(2) The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.	X		
(3) Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	X		
(4) How to distinguish between consensual sexual contact and sexual abuse between youth.	X		
g. Medical and mental health needs of youth.			
(1) Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs). [Also listed at VI(E)(16).]	X		
(2) Universal safety precautions and response to high-risk bodily fluid spills.	X		
(3) Recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at II(F)(5)(a).]	X		Staff receive training on suicide risks, precautions, and interventions as part of pre-service training.

(4) Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.		X	
(5) Signs and symptoms of mental illness and emotional disturbance.		X	
(6) Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.		X	
(7) Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities.		X	
h. Facility operations and facility emergencies.			
(1) Staff code of conduct.	X		
(2) Facility operations, security procedures, and safety procedures.	X		
(3) Action required in emergencies, including referral and evacuation policies and procedures. [Also listed at VI(E)(2).]	X		
(4) Fire procedures, including the use of fire extinguishers.	X		
(5) Facility rules on contraband and prohibited items.	X		
(6) Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.	X		
(7) Effective report writing.	X		
(8) Confidentiality of records and limitations on disclosure of confidential information.	X		

5. Training staff document, through employee signature or electronic verification, that employees received required training.	X		
6. Trainings include proficiency testing to document that employees understand the training they have received.		X	HWC and OJT training requires proficiency testing, but it is unclear if pre-service and in-service training involves proficiency testing.
7. Where staff are expected to engage youth in skill building, discussion groups, recreational activities, and other structured programming, the facility provides the tools and training necessary for staff to perform these functions effectively.	X		
8. The facility provides training to volunteers and contractors as necessary to prepare them for their roles and to prevent victimization of youth. (Additional detail on PREA compliance at 28 CFR § 115.332.)	X		
9. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at VIII(D)(12).]	X		
10. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law, the responsible mental health authority for the facility approves such staff, and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at II(D)(7).]	X		
11. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at II(J)(13).]	X		

12. Training personnel incorporate recommendations and concerns from youth, parents or guardians, staff, management, and quality assurance personnel, as well as audits and other sources, into training plans and curricula.		X	
D. Supervision of Staff			
1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.	X		
2. Supervisors conduct and document unannounced rounds on all shifts. Staff are prohibited from warning other staff members that supervisory rounds are occurring.	X		
3. Staff receive regular evaluations for performance, and facility administrators take action in appropriate circumstances either to address deficient performance or terminate employment. Facility administrators also recognize staff for exemplary performance and ingenuity in promoting a positive environment for youth.	X		
4. Administrators regularly review logbooks; special incident reports; records of use of physical force, restraints and room confinement; grievances; and recreation records. Administrators provide positive feedback to staff on exemplary performance. Administrators advise staff of any areas of concern and take appropriate action with respect to particular staff members, such as re-training.	X		Administrative staff regularly review records of physical force, room confinement, and incident reports. However, there is a noticeable disconnect between administrators and the daily reality of program workers and youth. See narrative report.
5. The facility administrator annually reviews all facility operating procedures and updates them as needed.	X		

6. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.	X		
7. The facility develops and implements written policies, procedures, and actual practices to ensure that staff model social skills for youth and do not use profanity, threats, discriminatory comments, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth. Facility management addresses violations of standards of conduct through corrective action.	X		
8. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at VIII(D)(21).]	X		
9. Administrators develop and implement policies, procedures, and actual practices that establish a standard of fair and equitable treatment of all youth.	X		
E. Reports of Abuse, Neglect, Retaliation, and Violation of Responsibilities; Incident Reports; and Complaints			
1. The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities. [See also standards VIII(D).]	X		

2. The facility requires staff at the facility to report knowledge, suspicion, or information that they receive regarding child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities to appropriate child protective services and law enforcement agencies.	X		
3. Staff and youth do not experience retaliation for making complaints or reports of child abuse.	X		
4. The facility director reports any allegations of child abuse to parents or guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified), the child welfare system caseworker (if applicable), and the child's attorney or other legal representative. (Additional detail on PREA compliance at 28 CFR § 115.361(e)(3).)	X		
5. Administrators reassign staff who are under investigation for behavior that would constitute sexual harassment, sexual abuse, or child abuse or neglect to a position where they have no contact with youth pending the outcome of an investigation. (Additional detail on PREA compliance at 28 CFR § 115.366.)		X	Staff under investigation for one of these acts might be moved to another housing unit. Administrators might also bar the staff from contact with all youth, but that would depend on the nature of the alleged conduct.
6. The facility develops and implements written policies, procedures, and actual practices to ensure that the facility administrator or designee advises those making complaints of the results of the complaints or child abuse reports that they file.	X		
7. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff who fail to adhere to the code of conduct face appropriate discipline.	X		

8. If youth report abuse, neglect, or retaliation at a previous placement, staff report that abuse to the appropriate authorities and to the head of the facility where the alleged incident took place. (Additional detail on PREA compliance at 28 CFR § 115.363.)	X		
F. Quality Assurance			
1. The facility administrator or his or her designee collects and analyzes accurate and uniform data and reports on major incidents such as violence, use of restraints, use of room confinement, use of physical force, sexual abuse, sexual harassment, attempted and completed escapes, attempted and completed suicides, and serious disease outbreaks. (Additional detail on PREA compliance at 28 CFR §§ 115.387 and 115.389.)	X		The administrator collects this data, but the facility faces challenges analyzing this data and taking corrective action.
2. The facility administrator or his or her designee reviews the data and reports listed above on a regular basis, at least weekly.	X		
3. The facility administrator convenes a committee to set performance goals and develop quality assurance and improvement plans for the facility. Administrators review and update performance goals and plans on an ongoing basis after major incidents, but no less frequently than once a year. (Additional detail on PREA compliance at 28 CFR § 115.388.)	X		
4. The facility administrator establishes performance goals and collects and analyzes data on whether those goals are met.	X		

5. The facility administrator schedules and completes an audit for compliance with the Prison Rape Elimination Act standards for juvenile facilities at least once every three years and takes any corrective actions necessary to address findings of "does not meet standard." (Additional detail on PREA compliance at 28 CFR §§ 115.401-404.)	X		
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VI. Environment

Juvenile detention facilities should not look like or be operated as jails. This section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety codes, has properly functioning temperature controls, light, and ventilation, and offers youth appropriate living conditions. This section also encompasses quality of life issues – assuring that youth will have clean, properly-fitting clothing; pleasant, healthy eating experiences; permission to retain appropriate personal items; and some measure of privacy.

NOTE: *The Prison Rape Elimination Act (PREA) contains two standards on facility planning and upgrades that are not included in this instrument. Facility administrators should be aware of these provisions, which are located at 28 CFR § 115.318.*

Key Definitions

Clothing search: Feeling inside pockets and cuffs without removal of clothing from the body.

Developmental disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Exigent circumstances: Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

Gender identity: A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

Intellectual disability: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

Intersex: A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

Normal adolescent behavior: Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

Pat-down search: An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

Physical body cavity search: A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

Qualified medical professional: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Qualified mental health professional: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Reasonable suspicion: A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

Room confinement: The involuntary restriction of a youth alone in a cell, room, or other area.

Strip search: An inspection that requires an individual to remove or arrange some or all clothing so as to permit a visual examination of the person's entire body.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Visual body cavity search: A visual inspection of the anal or vaginal cavity of an individual.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Positive Institutional Atmosphere			
1. All persons in the facility are treated with respect.	X		
2. The facility develops and implements written policies, procedures, and actual practices to prohibit use of slurs, name-calling, and other disrespectful behavior by youth and staff. Implementation includes enforcement of these policies by administrators.	X		
3. Staff demonstrate a consistent level of tolerance of normal adolescent behavior in their day-to-day work with youth.		X	See comments on use of room confinement below and in narrative report.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Furnishings and other decorations reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.		X	There has not been much done to make the institution feel less like a correctional facility. The team did appreciate the courtyard mural and encourages expansion of murals and other positive imagery throughout the facility.
5. The buildings and grounds are well maintained.	X		
6. Staff allow youth to decorate and personalize their own living space.		X	To some degree.
7. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.	X		
8. The décor and programming acknowledge and value the diverse population and interests of youth in the facility.	X		As mentioned above, there has not been much done to make the institution feel less like a correctional facility.
9. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.		X	Although many staff wear polo shirts, many other staff wear law enforcement-style uniforms.
10. Youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.	X		
11. The facility does not shave youth's hair off or require youth to adopt a particular hairstyle.	X		
B. Sanitation			
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.	X		
2. Staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staff give youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
3. The facility has and implements sanitation plans to maintain a clean, sanitary environment. The facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:		X	Facility has written sanitation plan, but areas of facility were in need of deeper cleaning than that provided for by routine cleaning by residents.
a. A schedule for cleaning common areas, bathrooms, and showers.	X		
b. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.	X		
c. Use of antimicrobial treatment agents to clean areas where bacteria may grow.	X		
d. Implementation and documentation of training of staff and youth on the use of standard hygienic practices, such as hand washing.		X	No documentation of training of youth.
4. Rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.		X	Facility has written sanitation plan, but areas of facility were in need of deeper cleaning than that provided for by routine cleaning by residents.
5. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.	X		
6. Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).		X	Handbook and policy states that youth will be responsible for floor stripping.
7. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
8. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.	X		
9. The facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in "dry" rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth request).	X		
10. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every six youth.	X		Documentation indicating lack of hot water in North units. Recent documentation suggested improvement in problem, but long-term solution is needed.
11. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.	X		Documentation indicating lack of hot water in North units. Recent documentation suggested improvement in problem, but long-term solution is needed.
12. Youth have adequate time to conduct appropriate hygiene practices.	X		
13. The facility is free of insect and rodent infestation.	X		
14. Staff allow youth to take showers every day.	X		
15. Staff allow youth to brush their teeth after breakfast and dinner.	X		
16. Youth and staff wash their hands before meals and after activities that may cause the spread of germs.	X		Hand sanitizer placed in helpful locations throughout the facility.

Standard	Conforms	Does Not Conform	Findings and Comments
17. Staff provide youth with the opportunity to groom themselves before court and other important events.	X		
18. Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week. Staff wash clothes at temperatures and for lengths of time that allow for disinfection of clothing.		X	Youth share gym shoes.
19. Staff provide youth with clean bed linens at least once weekly, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort. Staff provide youth with clean towels daily. Staff do not remove these items as a form of discipline.	X		
20. Staff disinfect mattress covers before a new youth uses the mattress. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.	X		
21. Staff sanitize storage spaces that hold youth's personal and court clothes, including garment bags, after each use.		X	Staff do not disinfect mesh garment bags after each use.
22. Furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).	X		
C. Food			
1. The facility's food services comply with applicable local, state and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
2. Youth receive at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings.		X	Daily schedules allow for up to 13 hours to elapse between dinner and breakfast, counter to most recent guidance from American Association of Pediatrics that the time period should not exceed 12 hours. Additionally, youth eat lunch very early – in some cases earlier than 11am, with no snack or any food before dinner, which takes place at 5:30pm or later.
3. Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. Youth have an opportunity to provide input into the menu and, where possible, food reflects the cultural backgrounds of youth.		X	See comments above regarding timing of meals. Youth reported being hungry following lunch, and many youth and staff reported unhappiness with quality and quantity of food. Team members observed that meals did not always appear appealing.
4. If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.	X		
5. The facility provides meals stored and served at safe temperatures.		X	Meal temperatures are not taken at time of delivery.
6. The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).	X		Facility does make accommodations, but communication channels between medical/administration and kitchen do not seem to be clear. The team received reports of youth workers calling down from units to request special meals for youth, adding confusion to kitchen's daily work. Kitchen staff reported that monthly meetings with medical and facility administration no longer occurred.
7. The facility adheres to youth's religious dietary laws and special timing of meals.	X		
8. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).	X		Need to calibrate ovens to cook at proper temperature.
9. Youth may obtain second servings of food.		X	No routine access to second servings.

Standard	Conforms	Does Not Conform	Findings and Comments
10. Youth eat meals in a cafeteria or common area.		X	Youth eat lunch on units as a general rule.
11. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	X		
12. Youth may talk during meals absent immediate and temporary safety or security reasons.	X		
13. Staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.	X		
14. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.	X		
D. Temperature, Ventilation, and Noise			
1. Temperatures in indoor areas are appropriate to summer and winter comfort zones, with no unhealthy extremes. Staff provide additional blankets or clothing to youth who are cold.		X	Team observed large differentials in temperature across the building, including excessive heat in visitation area during visitation. Documentation for previous six months revealed concerns about extreme heat and cold, including high heat in kitchen.
2. There is adequate ventilation in indoor areas.	X		
3. Noise levels in the facility are comfortable and appropriate at all times.	X		
E. Emergency Preparedness and Fire Safety			
1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security emergencies, and medical emergencies. The plan covers:	X		Facility has impressive and detailed emergency preparedness plans. Recommend including additional detail below, and drilling on plan at least annually.

Standard	Conforms	Does Not Conform	Findings and Comments
a. A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.	X		
b. The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.	X		
c. Agreements with other agencies or departments.	X		
d. Means of transportation to pre-determined evacuation sites and evacuation routes.	X		
e. Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.	X		
f. Communication protocols among staff, as well as with outside agencies.	X		
g. Agreements with outside agencies that can provide medical and mental health services.	X		
h. Notification to families.		X	Recommend including this detail in emergency plans.
i. Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.		X	Recommend including this detail in emergency plans.
j. Meeting the needs of limited English proficient youth.		X	Recommend including this detail in emergency plans.
k. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	X		
l. Documentation that the local fire authority has reviewed the evacuation procedures.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
2. The facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training. [Also listed at V(C)(4)(h)(3).]	X		
3. All occupied areas of the facility have at least two means of egress.		X	Living units do not have two means of egress.
4. The facility has identification and lighting of all exits, including during emergencies.	X		
5. The facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance.	X		
6. The facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds.	X		
7. The facility has smoke alarms in appropriate locations and in working condition.	X		
8. The facility has a sprinkler system in appropriate locations and in working condition.	X		
9. The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.	X		
10. Staff are trained to use fire extinguishers and have documentation of such training.	X		
11. The facility has an evacuation plan that staff conspicuously post in each area of the facility.	X		
12. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes:	X		

Standard	Conforms	Does Not Conform	Findings and Comments
a. Documentation of how long it takes to unlock doors and complete the drill process.	X		
b. Practice with different scenarios so that each drill is not the same (e.g., a kitchen fire, a fire on a unit, etc.).	X		
c. Staff identification of emergency keys to unlock doors by touch and by sight.	X		
d. Practice clearing youth from the building at least one time per year.		X	Recommend drilling to clear youth from building at least once annually.
13. The administrator requests that the local fire marshal or fire authority attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.		X	Fire marshal does not routinely attend drills.
14. The administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.	X		
15. First aid kits are immediately available and fully stocked with non-expired items.	X		
16. The facility has an automated external defibrillator (AED) on site and staff trained to use it. [Also listed at V(C)(4)(g)(1).]	X		AED available in admissions and medical. Medical staff would be called upon to use if medical staff were on-site.
17. The facility has a plan for handling exposure to high-risk bodily fluids.	X		
18. Staff properly store and secure potentially hazardous or flammable items.	X		
F. Lighting			

Standard	Conforms	Does Not Conform	Findings and Comments
1. Individual rooms have adequate lighting, sufficient for reading.		X	Many living rooms and units had very dim lighting. Inspection was occurring last day team was on site. Recommend addressing deficiencies as soon as possible.
2. The lights in youth's rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for individual security, health, or mental health reasons.		X	The team reviewed many maintenance reports regarding dim lights out in individual rooms. Although staff reported trying to avoid housing youth in those rooms, youth have been housed in rooms where lights had to be kept on at night.
3. Dayroom and common areas used for recreation are adequately lit for activities conducted in the area.		X	Some living rooms and units had very dim lighting. Inspection was occurring last day team was on site. Recommend addressing deficiencies as soon as possible.
G. Clothing and Personal Items			
1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.		X	Youth wear jumpsuits.
2. Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females.	X		
3. The facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.	X		Although not explicitly in policy, staff reported they would allow transgender youth to wear undergarments in according with gender identity.
4. Youth receive outerwear that is appropriate to the season.	X		
5. Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth's personal items absent specific safety or security concerns.	X		
6. The facility housing units have lockers or other storage for youth's clothing and personal items.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. The facility provides adequate and culturally appropriate hair and skin care products, services, and supplies for youth. Rules about hair and skin care are gender and culturally sensitive (<i>e.g.</i> , youth are not required to shampoo their hair at a frequency that is damaging to their hair).	X		Youth can earn points to buy haircare products beyond standard shampoo and soap. Youth reported some inconsistency with barber presence at facility.
8. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (<i>e.g.</i> , common toothpaste tube, tub of deodorant).	X		
H. Searches			
1. The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting areas. [See also standard VIII(C)(1).]	X		
2. Written procedures address each of the following:			
a. Intake searches include pat-downs, metal detector, or clothing searches. If the facility permits strip searches upon intake or visual body cavity searches, staff conduct them in accordance with applicable law.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
b. When staff search youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously supervised, they do so by a pat-down, metal detector, or clothing search. Staff conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. [See also standard III(C)(12).]	X		Policy provides that youth with certain charges should be subject to automatic strip searches, but it did not appear policy is followed in practice. Recommend aligning policy with JDAI standard and practice in facility.
c. If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys.	X		
d. Staff conducting pat-down searches and clothing searches are of the same gender as the individual being searched except in exigent circumstances.	X		Policy uses the term sex instead of gender. Recommend changing references to gender.
e. Staff conducting strip searches, visual body cavity searches, or collecting urine samples are of the same gender as the youth being searched except when such searches are performed by medical practitioners.	X		Policy uses the term sex instead of gender. Recommend changing references to gender.

Standard	Conforms	Does Not Conform	Findings and Comments
f. Staff conducting strip searches, visual body cavity searches, or collecting urine samples perform such searches in a private setting and only search one youth at a time.	X		
g. Staff document and provide written justification for all cross-gender searches.	X		
h. Staff document all strip and visual body cavity searches and supervisors review the rationale for appropriate basis.	X		
i. Staff do not search or physically examine transgender or intersex youth for the sole purpose of determining the youth's genital status. (Additional detail on PREA compliance at 28 CFR § 115.315(e).)	X		
3. Staff demonstrate appropriate pat-down and clothing searches for youth during orientation. [Also listed at I(C)(6)(s).]	X		
4. Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.	X		
5. Staff search visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.	X		
6. Staff do not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. The facility provides staff with lockers away from the living units for staff to store their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.	X		
I. Cross-Gender Viewing and Privacy			
1. The facility enables youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.	X		
2. Staff of the opposite gender of the youth living there announce their presence when entering housing units.		X	Did not observe consistency in knock and announce rules during on-site visit.
3. Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.	X		
4. Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions, or changing clothing.	X		
5. The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth's safety (e.g., a curtain that allows the staff member to view a youth's head and feet but nothing in between).	X		

Standard	Conforms	Does Not Conform	Findings and Comments
J. Overcrowding and Adequate Living Space			
1. The total population of the facility and the population per unit do not exceed maximum rated capacity.	X		
2. Living units are primarily designed for single occupancy sleeping rooms. If the facility has multiple occupancy rooms, those multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.	X		
3. Rooms are not occupied by more youth than the rated capacity allows.	X		
4. The dayroom and common areas have sufficient chairs and tables to accommodate recreational activities conducted in those rooms.	X		
5. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.	X		
6. Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation, and other activities occur.	X		
7. Visual alarms are provided in addition to audible alarms.	X		
8. The facility has toilets, sinks, and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. These accommodations include:	X		

Standard	Conforms	Does Not Conform	Findings and Comments
a. Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto them.		X	Restrooms off of lobby area are not ADA compliant.
b. Adequate floor space to permit access to the toilet.	X		
c. Flush valves and faucets that are operable without tight grasping, pinching, or twisting.	X		
d. Shower spray units with a hose that can be used as a hand-held shower or a fixed shower head mounted lower to the floor.			Units with rooms accessible to youth with mobility limitations did not have shower fixtures that were ADA compliant.
e. Sinks with sufficient space for use by a youth in a wheelchair.	X		
9. The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:	X		
a. Doorways that are wide enough to permit entry by youth in a wheelchair.	X		
b. Floor space that permits movement about the sleeping room and access to each of the room's features.	X		
c. A desk with space for use by a youth in a wheelchair	X		
d. A bed of a height that facilitates transfers to and from wheelchairs.	X		
e. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.	X		No grab bars, which are needed to be ADA compliant.

VII. Restraints, Room Confinement, Due Process, and Grievances

Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions; staff are well-trained to help prevent and de-escalate crises; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient. This section includes the facility's rules for restraint, use of physical force, room confinement, discipline, provisions for due process, and disciplinary sanctions. This section also addresses the facility response to concerns and complaints by youth through an effective grievance process.

Key Definitions

Chemical agent: Any chemical spray, gas, or powder used to temporarily incapacitate a person, including oleoresin capsicum (pepper spray), tear gas, and 2-chlorobenzalmalonitrile gas.

Chemical or medical restraint: A form of medical restraint in which a drug is used to sedate or restrict the freedom of movement of a youth. The medication used is not a part of the youth's normal medical treatment.

Crisis intervention: A means of managing emergency situations.

De-escalation techniques: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

Developmental disability: A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Guardian: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

Hogtying: A prohibited restraint practice in which the youth's hands are cuffed or tied behind the back, the ankles are tied or shackled together, and the hands and ankles are then cinched together behind or in front of the youth.

Intellectual disability: A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

Limited English proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

Mechanical restraint: Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

Normal adolescent behavior: Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

Pain compliance techniques: Restraint methods in which staff cause significant physical discomfort as the primary method of controlling youth, including holds that result in an abnormal rotation, extension, or flexion of a joint.

Physical force: Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

Protection and advocacy agency: An entity established by section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043) to help protect the rights of individuals with disabilities.

Qualified medical professional: An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Qualified mental health professional: An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

Room check: The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

Room confinement: The involuntary restriction of a youth alone in a cell, room, or other area.

Trauma: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

Use of physical force or restraint incident: Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

Voluntary time-out: A brief period of time in a youth's room or other space at the request of the youth.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Use of Physical Force, Restraints, and Chemical Agents			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical force and mechanical restraints, and the facility's continuum of methods of control. [Also listed at V(C)(4)(d)(3).]		X	Staff receive training in Verbal Judo and Handle With Care. The training does not cover all of these topics.
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for use of physical force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary. [Also listed at V(C)(4)(d)(6).]	X		
c. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using physical force or restraints, and permit only the least restrictive measures in order to prevent physical harm to the youth or others.	X		
d. Only staff specifically trained in the use of physical force and mechanical restraints are permitted to use such techniques or devices. Staff only use approved techniques or devices.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
2. Written policies and procedures in the facility set forth the principles below for use of physical force and mechanical restraints:			
a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others. Staff may use approved physical force techniques when a youth is engaging in property destruction that involves an imminent threat to the youth's safety or the safety of others.	X		
b. The only mechanical restraints that staff may use in the facility are handcuffs.		X	Staff are also authorized to use shackles, and there is a restraint chair in the facility.
c. Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.	X		
d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.		X	Shackles are routinely used for transportation outside the facility.

Standard	Conforms	Does Not Conform	Findings and Comments
e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place.	X		
f. Staff never leave youth who are sleeping in restraints.	X		
g. Staff never leave youth who are in restraints alone.	X		
3. The facility develops and implements written policies, procedures, and actual practices to prohibit:			
a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.		X	
b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.	X		
c. Use of chemical agents, including pepper spray, tear gas, and mace.	X		
d. Use of chemical or medical restraints.	X		
e. Use of pressure point control and pain compliance techniques at the facility.	X		
f. Hitting youth with a closed fist, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth.	X		
g. Use of four- or five-point restraints, straightjackets, or restraint chairs.		X	
h. Hogtying youth or placing youth in restraints in other uncomfortable positions.	X		
i. Restraining youth to fixed objects, including beds or walls.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
j. Restraining youth in a prone position and putting pressure on the youth's back, or restraining youth in a position that may restrict their airway.	X		
k. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.	X		
l. Use of belly belts/chains or leg shackles on pregnant girls.	X		
4. Facility staff document all use of physical force or restraint incidents, including:			
a. Name of youth.	X		
b. Date and time physical force or restraints were used on youth.	X		
c. Date and time youth were released from restraints.	X		
d. The person authorizing placement of the youth in restraints.	X		
e. A description of the circumstances leading up to the use of physical force or restraints.	X		
f. The staff involved in the incident.	X		
g. Any youth or staff witnesses.	X		
h. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	X		
i. The type of physical force or restraints used and a description of how they were applied.	X		
j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.	X		
5. Staff ensure that all youth who are the subject of a use of physical force or restraint incident see a qualified medical professional within one hour of the use of physical force or restraint.		X	The time that nurses see youth is not consistently documented in incident reports.

Standard	Conforms	Does Not Conform	Findings and Comments
6. Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.		X	The time that nurses see youth is not consistently documented in incident reports. There are no qualified mental health professionals in the facility as defined by the JDAI standards.
7. Staff and youth involved in use of physical force or restraint incidents undergo a debriefing process with supervisory staff and qualified mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation.		X	There are no qualified mental health professionals in the facility as defined by the JDAI standards.
8. Staff notify the youth's parents or guardians and the youth's attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.		X	Staff do not notify the parents/guardians, the attorney, or the protection and advocacy organization.

Standard	Conforms	Does Not Conform	Findings and Comments
9. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(B)(11).]		X	Administrators review incidents. However, there is no information on whether the youth had an identified mental health disorder or developmental or intellectual disorder. The information is not disaggregated by race, ethnicity, gender, special education status, and limited English proficiency.
10. A restraint review committee, which includes the facility administrator or designee, training staff, qualified mental health professionals, and line staff, regularly reviews all use of force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.		X	There is a review of restraints but there are no qualified mental health professionals participating as defined by the JDAI standards.
11. Mental health providers for the facility review incidents, discipline, and room confinement of youth under their care to evaluate the effectiveness and appropriateness of behavioral management techniques and staff's response to youth behavior. Mental health providers offer feedback on needed adjustments to care plans for youth and offer feedback for staff on how to manage the behaviors of youth.		X	Administrator reviews incidents, but no mental health provider in the facility as defined by the JDAI standards.
B. Room Confinement			
1. Written policies and procedures in the facility set forth the following principles for the use of room confinement.			

Standard	Conforms	Does Not Conform	Findings and Comments
a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others. Staff may use room confinement when a youth is engaging in property destruction that threatens immediate harm to the youth or others.		X	Staff use room confinement for a specific number of hours.
b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.		X	Staff use room confinement for discipline, i.e., as a punishment for violating facility rules.
c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control.		X	Staff have less restrictive techniques available. Staff do not bring in qualified mental health professionals to talk with the youth.
d. Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.		X	
e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.		X	
f. While youth are in room confinement, staff follow a protocol that:			

Standard	Conforms	Does Not Conform	Findings and Comments
(1) Requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the child in room confinement.	X		
(2) Requires staff to secure the approval of increasingly senior administrators as the length of time in room confinement increases.	X		
(3) Clearly describes how and when to involve qualified medical and qualified mental health professionals.		X	
(4) Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.		X	
(5) Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.		X	
g. Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth's behavior requires that he or she be transported to a mental health facility. [See also standard VII(B)(2).]		X	

Standard	Conforms	Does Not Conform	Findings and Comments
h. If at any time during room confinement, qualified medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).		X	This has happened in at least one case, but youth are very rarely transported even though there are very disturbed youth who need mental health services that are not available at this facility.
i. Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.	X		
2. Staff develop special individualized programming for youth with persistent behavior problems that threaten the safety of youth or staff or the security of the facility. Staff do not use room confinement as a substitute for special individualized programming. Special individualized programming includes the following:			
a. Development of an individualized plan to improve the youth's behavior, created in consultation with the youth, mental health staff, and the youth's family members.		X	The plans provide ways for the youth to erase the fines imposed on them.
b. The plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.		X	
c. In-person supervision by and interaction with staff members.	X		
d. In-person provision of educational services.		X	
e. Involvement of the youth in other aspects of the facility's programming unless such involvement threatens the safety of youth or staff or the security of the facility.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
f. A guarantee that the youth will not be denied any of his or her basic rights. [See also standard VII(E)(6).]	X		
g. Daily review with the youth of his or her progress toward the goals outlined in his or her plan.		X	The review occurs every 1-3 days.
3. Staff keep designated areas used for room confinement clean, appropriately ventilated, and at comfortable temperatures.	X		
4. Designated areas used for room confinement are suicide-resistant and protrusion-free.	X		
5. Facility staff document all incidents in which a youth is placed in room confinement, including:			
a. Name of the youth.	X		
b. Date and time the youth was placed in room confinement.	X		
c. Name and position of the person authorizing placement of the youth in room confinement.	X		
d. The staff involved in the incident leading to the use of room confinement.	X		
e. Documentation of required checks of youth at regular but staggered intervals, including the youth's behavior and temperament at each interval.	X		
f. Date and time the youth was released from room confinement.	X		
g. Description of the circumstances leading to the use of room confinement.		X	Staff do not consistently provide this information. In many incidents, it appears that there was some kind of problem before the actual incident (e.g., cursing) began. Staff do not report on the underlying problems.
h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.		X	Staff do not consistently report this information.

Standard	Conforms	Does Not Conform	Findings and Comments
i. The incident reports describing the incident that led to the period of room confinement.	X		
j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.		X	There are no qualified mental health professional at the facility as defined by the JDAI standards.
6. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.		X	There are no qualified mental health professionals at the facility as defined by the JDAI standards.
7. Staff provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.		X	
8. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.		X	There are no qualified mental health professionals at the facility as defined by the JDAI standards.

Standard	Conforms	Does Not Conform	Findings and Comments
9. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.		X	
10. The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.	X		
11. The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(A)(9).]		X	Administrators review incidents. However, there is no information on whether the youth had an identified mental health disorder or developmental or intellectual disorder. The information is not disaggregated by race, ethnicity, gender, special education status, and limited English proficiency.
12. The facility administrator, in conjunction with qualified mental health professionals, reviews all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.		X	Administrator reviews incidents, but no mental health provider at the facility as defined by the JDAI standards.
C. Voluntary Time Outs			

Standard	Conforms	Does Not Conform	Findings and Comments
1. Staff allow youth to have a voluntary time out under staff supervision for a short period of time at the youth's request. Youth are not locked in their room or another room when taking a voluntary time out.	X		
2. Staff document voluntary time outs in the unit log and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth's safety and welfare at least every 10 minutes.	X		
D. Due Process and Discipline			
1. Staff post the rules of the institution in all living units.	X		Youth have the Resident Handbook.
2. Staff have a graduated array of options to respond to negative behaviors, including the loss of points or incentives as part of the facility's positive behavior management system. [See also standards IV(D).]	X		
3. Staff provide youth with due process protections before any of the following occur. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decisionmaker who was not directly involved in the incident or issue, and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.		X	Staff to do not provide due process protections before suspension of privileges. Staff provide due process protections if the length of room confinement exceeds one hour.
a. Significant loss of privileges, such as temporarily suspending a youth's ability to advance to a higher level in the facility's behavior management program or limiting his or her ability to enjoy certain privileges for a period of time.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
b. Transfer of a youth to a unit that imposes greater restrictions on programming or privileges.		X	
c. Use of room confinement for discipline, if it has not yet been abolished.	X		
4. Staff consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.		X	
5. Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.	X		
6. Under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include: [See also standard VII(B)(2)(f).]		X	Staff deprive youth of some basic rights identified below.
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	X		
b. Full meals and evening snacks.	X		
c. A full complement of clean clothes.	X		
d. Visits with approved visitors and the youth's attorney.	X		
e. Personal hygiene items.	X		
f. Daily opportunity for exercise.	X		
g. Telephone contacts with approved individuals and the youth's attorney.	X		Only calls with the youth's attorney or religious representative are approved.
h. The right to receive and send mail.	X		
i. A regular daily education program.		X	

Standard	Conforms	Does Not Conform	Findings and Comments
j. Access to medical and mental health services.		X	There is no qualified mental health professional in the facility.
k. An opportunity for a daily shower and access to toilet and drinking water as needed.	X		
l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.	X		
m. Clean and sanitary living conditions.	X		
n. Access to reading materials.	X		Youth may have the Bible and the Resident Handbook.
7. Staff do not use group punishment as a sanction for the negative behavior of individual youth.		X	The "one-in, one-out" program is group punishment for the negative behavior of individual youth.
E. Corporal Punishment			
1. Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	X		
F. Grievances and Reporting Procedures			
1. The facility provides more than one way to report abuse, neglect, harassment, and retaliation by other youth or staff within the facility.	X		
2. The agency provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)	X		
3. The facility's opportunities for reporting abuse, neglect, harassment, and retaliation include ways to report verbally, in writing, anonymously, and by third parties.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
4. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.	X		
5. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	X		
6. The facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:	X		
a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.	X		
b. Grievance forms use easy-to-understand language and are simple in their design.	X		
c. Youth are able to report grievances verbally and in writing.	X		
d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.	X		
7. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms, and the cafeteria. Only the grievance coordinator and his or her designee have access to the contents of the locked boxes, which the grievance coordinator or his or her designee check each business day.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
8. Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.	X		
9. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.	X		
10. The facility does not include time limits on when youth can file grievances.	X		
11. Staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the complaint.	X		
12. The facility permits third parties, including family members, attorneys, and outside advocates, to file grievances on behalf of youth.		X	Third parties may file complaints on behalf of youth for PREA-related issues, but only youth may file grievances.
13. The facility provides information to third parties on how to submit grievances on behalf of youth.		X	
14. The facility permits youth to request staff assistance to complete the grievance form if necessary.	X		
15. Facility administrators ensure that youth receive no reprisals for using grievance procedures.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
16. Facility staff, administrators, ombudspersons, or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation.	X		
17. Facility staff, administrators, ombudspersons, or other personnel provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.		X	SOP provides that youth will receive results within five days. The Resident Handbook has a typo. On p. 24, it states, "The Supervisor will respond to your complaint within three (5) working days."
18. Youth receive responses to their grievances that are respectful, legible, and that address the issues raised.	X		
19. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.	X		
20. If staff find a grievance to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.	X		
21. Facility staff, administrators, ombudspersons, or other personnel fully document grievances and the results of grievance investigations.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
22. Facility administrators regularly gather and review data on grievances (granted and denied) by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status, and limited English proficient status for patterns or trends.		X	
23. Staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.	X		

VIII. Safety

Although safety is the last section of this assessment tool, physical and emotional safety for youth and staff is the overarching principle underlying all of the other sections. This section identifies the facility's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims, and investigate allegations of misconduct.

Key Definitions

Crisis intervention: A means of managing emergency situations.

Guardian: An agency or an individual, other than the youth's parent, who is charged with caring for a child.

Room check: The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

Sexual abuse: The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

Sexual harassment: The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

Trauma: An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

Standard	Conforms	Does Not Conform	Findings and Comments
A. Youth Safety			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators conduct a review at the conclusion of major incidents at the facility. The review is conducted by a team comprised of upper-level management, line staff, medical and mental health staff, and investigators, as appropriate. (Additional detail on PREA compliance at § 115.386.)	X		Policy 10.7-12 does provide for debriefing regarding critical incidents, although policy does not include mental health staff as one of needed parties. PREA policy does provide for debriefing by all required parties for allegations of sexual abuse.
2. All staff, including qualified medical professionals, qualified mental health professionals, contractors, and volunteers report information about suspected or actual abuse, neglect, and maltreatment according to relevant mandatory reporting laws and agency policy.	X		
3. If no qualified medical or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.	X		
4. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:		X	Facility has had a relatively large number of substantiated PREA incidents, which were appropriately investigated and handled once discovered. Many incidents involved new staff. Consider whether additional screening is warranted to identify staff who may be more likely to engage in sexual abuse. Need for additional training and need for undue familiarity policy.

Standard	Conforms	Does Not Conform	Findings and Comments
a. Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.		X	Code of Conduct and Code of Ethics speaks generally to boundaries, but clear need for a social media/undue familiarity policy and training on maintaining appropriate boundaries.
b. Prohibits any contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.		X	Code of Conduct and Code of Ethics speaks generally to boundaries, but clear need for a social media/undue familiarity policy and training on maintaining appropriate boundaries.
c. Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.		X	Code of Conduct and Code of Ethics speaks generally to boundaries, but clear need for a social media/undue familiarity policy and training on maintaining appropriate boundaries.
d. Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.		X	Code of Conduct and Code of Ethics speaks generally to boundaries, but clear need for a social media/undue familiarity policy and training on maintaining appropriate boundaries.
5. Written policies, procedures, and actual practices prohibit all forms of sexual abuse and sexual harassment. The facility has a written policy that outlines the facility's approach to preventing, detecting, and responding to such conduct.	X		Some educational materials (e.g., the youth handbook and some posters) use the term "sexual assault" and not "sexual abuse," which is the term used by the PREA standards. We recommend reviewing all PREA information and posters to replace the term "sexual assault" with "sexual abuse," as PREA auditors have been instructed to scrutinize terms and definitions in policies, procedures, and educational materials to ensure that they align with the PREA standards.
6. The facility has a compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards for juvenile facilities.	X		PREA Coordinator has many demands on time at present, but takes the responsibilities seriously.

Standard	Conforms	Does Not Conform	Findings and Comments
7. Youth feel safe from victimization by staff and youth, including abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment, and assault.	X		Youth generally report feeling safe. As mentioned above, the relatively large number of substantiated PREA incidents is a concern. Facility is in the process of a \$1 million upgrade to add approximately 50 new cameras to address blind spots on units.
8. Youth can report incidents of threats or harm by staff and youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility's policies regarding investigations.	X		Team reviewed incidents of retaliation, which were handled appropriately. PREA policy assigns mental health staff retaliation monitoring responsibility. Given limited mental health staffing at the facility, team recommends shifting responsibility to someone with more consistent presence on living units, such as social workers or supervisors. See concerns about grievance system outlined above.
9. The facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.	X		
10. Staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
11. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual abuse/harassment (including medical reports).	X		
12. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes, including at times when youth are asleep or have requested a time out. Staff conduct room checks more frequently when required to do so (e.g., for youth on suicide precautions).	X		
13. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.		X	As mentioned in greater detail in the narrative report and other sections of the checklist, behavior plans are not individualized in a way that promotes effective behavior change.
14. Staff regularly survey youth regarding their perception of safety of themselves and other youth within the facility and provide youth with opportunities to provide input on how the facility can be made safer.		X	Facility has Resident Council to advise about safety and other operational and program issues at the facility that meets monthly.
15. Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.	X		
B. Staff Safety			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, worker's compensation claims, child abuse reports, and other indicia of physical or sexual abuse (including medical reports), by youth on staff.	X		
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.	X		
3. The facility provides training and other employee assistance resources to help staff anticipate and respond to trauma and job stress in a healthy way.	X		Staff have access to employee assistance resources, but many staff articulated need for additional support and acknowledgement of exemplary behavior.
4. The facility offers support services to staff who have been injured on the job.	X		
5. Administrators regularly survey staff members regarding their perception of safety of themselves, other staff members, and youth within the facility. Administrators provide staff members with opportunities to provide input on how the facility can be made safer.	X		Annual employee survey is conducted, but engagement is low. Facility is in the process of lining up focus groups through the Office of Performance Improvement & Innovation.
C. Weapons and Contraband			
1. The facility has adequate security measures to ensure that youth, staff, and visitors cannot bring weapons or contraband into the facility. [See also standards VI(H).]		X	Team reviewed documentation showing problems with contraband a few months prior to on-site inspection, which seemed to have been resolved by the time of visit.
2. Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).	X		
D. Investigations			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility's written policies, procedures, and actual practices ensure that an administrative or criminal investigation is completed for all allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities. [See also standards V(E).]	X		
2. Staff notify parents or guardians and the youth's attorney of any investigations into abuse, neglect, retaliation, and neglect or violation of responsibilities that involves their child, as well as any investigations into their child's behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth's caseworker within 24 hours of learning of the information. Staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing.		X	Notification to parents/guardians, but not to attorney of record. Facility relies on parent or guardian to make notifications to attorney.
3. The facility's written policies, procedures, and actual practices ensure that allegations of sexual abuse or harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (Additional detail on PREA compliance at 28 CFR § 115.322.)	X		
4. For allegations of sexual abuse, the facility transports youth to a location that (Additional detail on PREA compliance at 28 CFR § 115.321.):	X		

Standard	Conforms	Does Not Conform	Findings and Comments
a. Offers forensic medical examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).	X		
b. Employs a uniform evidence collection protocol that is developmentally appropriate for youth.	X		
c. Provides youth with victim advocacy services to support the youth through the medical examination and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals.	X		
5. The facility has written policies, procedures, and actual practices that ensure that staff know what to do if they are the first responders to a crime in order to preserve evidence and protect youth. (Additional detail on PREA compliance at 28 CFR § 115.364.)	X		Change references to sexual assault to either "sexual abuse" or "sexual abuse and sexual harassment" where appropriate.
6. The facility has a written plan to coordinate actions taken in response to alleged sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility administrators.	X		
7. When facility staff conduct their own investigations, they do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. (Additional detail on PREA compliance at 28 CFR § 115.371.)	X		
8. Staff alleged to be involved in an incident do not conduct the investigation.	X		
9. Investigators gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of abuse involving the suspected perpetrator.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
10. Facility investigators do not terminate an investigation solely because the source of the allegation recants the allegation or because the alleged abuser or victim departs from the employment or control of the facility.	X		
11. When an allegation involves alleged criminal activity, facility investigators conduct compelled interviews of staff only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	X		
12. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at V(C)(9).]	X		
13. Facility investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the person's status as youth or staff. Investigators do not require youth to submit to a polygraph examination or other similar examination as a condition for proceeding with the investigation of such an allegation.	X		
14. Investigations include an effort to determine whether staff actions or failures to act contributed to abuse, neglect, retaliation, or neglect or violation of responsibilities. This includes a failure to report observed misconduct involving these situations by coworkers.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
15. Facility investigators document findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.	X		
16. When outside agencies investigate sexual abuse, staff cooperate with outside investigators, and administrators remain informed about the progress of the investigation.	X		
17. The agency does not impose a higher standard than a preponderance of the evidence in determining whether allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities are substantiated.	X		
18. A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff to promote youth and employee safety, provide a structured process for staff to communicate among themselves about the incident, and to communicate with youth about the facts and the steps taken to prevent future incidents.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
19. Following an investigation, staff inform the youth and the individual who filed the complaint (if not the youth himself or herself) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within 24 hours of learning of the information. If the individuals listed above are not at the facility, staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)	X		No notification made to youth if released.

Standard	Conforms	Does Not Conform	Findings and Comments
20. Following a youth's allegation that a staff member has committed sexual abuse against the youth, staff inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) the staff member is no longer posted within the youth's unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing.	X		No notification made to youth if released.
21. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at V(D)(8).]	X		

Standard	Conforms	Does Not Conform	Findings and Comments
22. Following a youth's allegation that he or she has been sexually abused by another youth, staff inform the youth complainant (unless the agency has determined that the allegation is unfounded) whenever: (1) the agency learns that the youth has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns that the youth has been convicted on a charge related to sexual abuse within the facility.	X		No notification made to youth if released.
23. The facility has written policies, procedures, and actual practices that protect from retaliation all youth and staff who report abuse, neglect, retaliation, and neglect or violation of responsibilities or who cooperate with investigations. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.367.)	X		No notification made to youth if released.
24. The facility has a quality assurance process for its investigations and a system of continuous quality improvement.	X		